CEDTIFICATE OF DEATH

			2411 N. Cha	lea St., Baltimore 466,	UJ.	100
/ .			CERTIFICA	TE OF DEATH	Reg. Dist. No	216
City or town	mery thesda (ritiside eity or town lin	ural) mits, write i		2. USUAL RESIDENCE (HOME (For newborn infants give residene State	OF DECEASED: of mother) County	
US Naval			sda, Md. 1 day	(If rural, give LOCATION) 2.(a) It veteran, name war. Sp.Am.		
3. (a) FULL NAME	AM	MANN,	Charles		3. (b) Social Security	Number
4. Sex male	5. Color or race	6.(a)Sing	e, married, widowed, or divorced married	MEDICAL 21 October	CERTIFICATION	10:31A
			Ammann c) If alive, give ageyea 1872	21. I CERTIFY that death occurred on the date 20October. and that I last saw himalive on	e above slated; that I attended dec 19	19 L
8. AGE: Years	Months 2	Days 27	It less than one dayhrs. mic	Congestive Hea	HT DISEASE	DURATION
9. Birthplace Switzerland (Town, county, and state) unemployed 10. Usual occupation 11. Industry or business			state)	Due to Secondary		
12. Name AMMANN, Charles dec				Other conditions Arkeronep * Carcinon (Include pregnancy with	a of Stomach	1ndet.
15. Birthplace	Swi	tzerla	nd	Major findings of operations. Antopsy results LONTIVE	Date of op.	
t6. Informant Wife: Mrs. Grace S. Ammann Address 4609 Quales St., N.E., Wash., D.C. 17. burial Date Inferent 10-24-47 (Burial, cremation, or removal, Which?) Cemetery or crematory Arlington National				Antopsy results	to which death should be charged al causes, Illi in the following: 	statistically.
Location	ington, Vi S. H. HINI 14thSt.,	rgini ES N.W.,	Wash. D.C. C. Patterson Registri	Injured at home, farm, Industry, public place Meens of Injury H. L. C.	STEVENS, Cdr. US	NR or other

MARGIN RESERVED FOR BINDING

VS A15



CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Montgemery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State County Washington City or town (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	Street No. 3634 Upton St., N.W.
How long in hospital or institution? 35 hours	(If rural, give LOCATION) 2.(a) If veteran, name war
3.(a) FULL NAME AMDERSON, Muriel Buttling	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
female W-US married	20. DATE OF DEATH 20 October 19 47 at 7:40A M
6.(b) Name of husband or wife George Whelan Anderson, Jr.	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from 20 October 10 17 to 20 Octo
7. Birth date of November 9, 1911	and that if fast saw h er alive on 20 October 1947
8. AGE: Years Months Days If less than one day	Immediate cause of death
35 10 11min.	asphystiation 5 min
9. Birthplace N. Y (Town, county, and atate)	Due to Mossive Memorty 10 min
1D. Usual occupation housewife	Due to Error of Coroly Foten 2 yro
11. Industry or business	by Counition of left maiffling
E 12. Name Buttling, Albert J. dec.	Ditrey conditions Ostifico
14. Maiden name Bacon, Annette &c.	(Include pregnancy within 8 months of death) Major findings of operations. Date of operations.
Address 3634 Upton St., N.W., Wash., D.C.	Antopsy results. PHYSICIAN: Please underline the cause to which death should be chared statistically.
17. burial (Rurial gramation of removal Which?) (Burial gramation of removal Which?) (Burial gramation of removal Which?)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory Arlington National	Where did Injury occur?
Location Arlington, Va.	Injured at home, farm, Industry, public place (where?)
18. Funeral director. W. W. CHAMBERS	Means of Injury tnjured at work?
Address 1400 Chapin St., N.W., Wash., D.C.	23. SIGNATURE Million p. Stenge Br de
19. 10-20 47 Mary Ca Patterson Registrar Registrar	U.S. Nutral moral medical Date signed 10-20-4

OCT 23 1947

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MARYLAND STATE DEPARTMENT OF HEAD	ARYLAND ST	ATE 1	DEPARTMI	ENT OF	HEALTH
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2411 N. Charles St., Baltimore

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	N IN	100	A
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200	Dist	No	See also	C

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Montgomery Bethesda (rural)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) D. C. County		
City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 11 days	City or town Washington (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Street No. 1812 21th Place, S.E.		
US Naval Hospital, Betherda, Md.	(If rurat, give LOCATION)		
How long in hospital or institution? L1 days	2.(a) If veteran, name war.		
3. (a) FULL NAME	3. (b) Social Security Number		
ARCHER, Frank Phillip			
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male W-US married	2D. DATE DF DEATH. October 8 19 47 7:35P		
6.(b) Name of husband or wife Lonie Archer	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from August 28 1947 to Oct. 8 1947		
7. Birth date of day yr) February 23, 1894	and that I last saw h im alive on 8 October 19 47		
deceased (mo., day, yr.) FEDITUATY 25, 1094 8. AGE: Years Months Days it less than one day	Immedian auso of death		
6. AUL.	fullmently autoresm show		
9. Birlhplace Washington, D. C. (Town, county, and state)	Due to		
Detimed			
	Due to		
11. Industry or business D. C. Fire Department			
12. Name ARCHER, Irvin dec 13. Birthplace Ga.	Other conditions		
	(Include pregnancy within 3 months of death)		
14. Maiden name PALMEROY, Lucy dec N.Y.	Major findings of operations 10 startyly.		
	Date of op.		
16. Informant Wife: Mrs. Lonie Archer	Autopsy results		
Address 1812 24th Place, S.E., Wash., D.C.			
burial Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Accident, suicide, or homicide		
Cemetery or crematory Ft. Lincoln	Where did Injury occur?		
Location Hyattsville, Md.	Injured at home, farm, industry, public place (where?)		
18. Funeral director. Lee Funeral Home Smith	Means of injury injured at work?		
Address 4th & Mass., Avenue, N. E., Wash, D.C.	J. A. MURPHY, Cdr. IC USN		
many thank othe Smith	23. SIGNATURE M. D. or other		
19. Oct. 9 19 47 Mary Charlotte Smith	Address USNH Bethesda, Md. Date signed 10-9-17		



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MARYLAN	ID ST	ATE.	DEPA	RIMENT	OF	HEALT

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

_	4		CERTIFICA	ATE OF DEATH	Reg. Diat. No	
1. PLACE OF DE	omery	as oo.		2. USUAL RESIDENCE (HOME (For newhorn infants give residence		
City or town Chevy Chase (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? One Month				state Maryland City or town 4860 Ch. Ch.	county Montgomer Blkd., Chev mits, write RURAL and give n	y Chase
Hospital Institution or street address where death occurred: 4800 Chevy Chase Blvd.				4860 Chevy C		
	or Institution?NC	ne	***************************************	2.(a) If veteran, name war	•••••••••••••••••••••••••••••••••••••••	
3. (a) FULL NAM					3. (b) Social Security	y Number
SA	MUEL RUSS	SELL B	AKER		223-26-	- 5842
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL	CERTIFICATION	
Male	White	Mar	ried	20. DATE DF DEATHOCTOBER 2	,1947	6:IOA
6.(b) Name of husband	or wife Fannie	e A. B	aker	21. I CER7IFY that death occurred on the date	above stated; that Lattended dec	eased from
7. Birth date of			e) If alive, give agey	and that I last saw h. LAM. alive on	2ct 2	19 4 7
8. AGE: Year 72	Months 7	Days,	1875 It less than one day	Immediate sauce of death Facility	24	9 Kou
9. BirthplaceV.i.	rginia (Town Office N	county, and a	state)	Due to Valerilas He	art Duce	e Many Years
10. Usual occupation.	Cleaning	Esta	blishment	Oue fo		
12. NameSam	uel F. Ba Virgini	ker		Other conditions	~	Tyear
14. Malden name	Julia Ho Virgini s Fannie	lmes		(Include pregnancy within		
E 15. Birthplace	Virgini	а		major nadings of operations		
16. IntermantMr	s Fannie	A. Ba	ker	Autopsy results Zeone)
Addres 4860	Ch.Ch.B]	vd. C	h. Ch. Md.	PHYSICIAN: Please underline the cause to 22. VIOLENCE: If death was due to external		statistically.
			eot.O.c.t	Accident, sulcide, or homicide		
Cemetery or cremat	Forest	Oak C	emetery	Where did Injury occur?(City or tow	m) (County)	(State)
				Injured at home, farm, Industry, public place		***************************************
1	Mm. Kom			Meens of Injury	Injured at work?	
Address Bet	hesda, Ma	rylan	d	23. SIGNATURE Bradley of	Hodaku	s M.D.
19. / 2/ 3 1 (Date(rec'd by re	egistrar) 19.4.7		m & Johns	Address 3/3 W Bradle	Jame Date signed	10/2/47



VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. In

rect age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09163 Reg. Dist. No. 216

PLACE OF DEATH: County Montgomery City or town Bethesda (rural) (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 15 days Hospital, institution, or sireet address where death occurred: U. S. Naval Hospital, Bethesda, Md. How long in hospital or institution? 15 days 3.(a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother) State. Virginia County. City or town Springfield (If outside city or town limits, write RURAL and give nearest town) Street No. Route #1, Box 18 (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number
BARKER, Roger Linden 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white divorced	20. DATE DF DEATH 10 October 19 47 31 1:00 Am
8.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 9-25- 19 47, to 10-10-17 19 and that I last saw h im alive on 10-10-17 19 DURATION
8. AGE: Years Months Days If less than one day 18	Pulwonars Tuberculoria dudet
9. Birthplace	Due to Due to Diher conditions
13. Birthplace Virginia, deceased 14. Maiden name Mary M. Moore 15. Birthplace Virginia, deceased 16. Informant Sister: Mrs. Virginia Waddell	(Include pregnancy within 3 months of death) Major findings of operations
Address Rt #1, Box 18, SpringField, Virginia Date thereof Down Date thereof Down Date thereof Date	Antopsy results was underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due fo external causes, fill in the following: Accident, suicide, or homicide
Location Arlington, Virginia 18. Funeral director W. W. Chambers Co. A. P. Address 517 11th St., SE, Washington, D. C. 19. 10-11	Injured at home, farm, Industry, public place (where?) Maens of Injury Injured of work? 23. SIGNATURE M. D. or other Address USNII, Bethesda, Md. Date signed 10-11-17



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

830

CERTIFICATE OF DEATH

Reg. Diat. No. 9164

1. PLACE OF DEATH: COUNTY MONTGOMERY	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State MARYLAND County MONTGOMERY
(If outside city or town limits, write RURAL and give nearest town)	City or town TROCK VILLE. (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 23 YEARS Hospital, institution, or streef address where death occurred:	Street No. FALLS ROAD.
FALLS TROAD	(If rurs), give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
LAURA FLORENCE B	ENNETT 3. (b) Social Security Number
4. Sex S. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
FEMALE WHITE MARRIED	20. DATE DF DEATH 6-4 16 19.4.7 , 21 M
6,(b) Name of husband or wife WILLIAM & BENNETT	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of 14 Sold 18 So	DCT 6 19 10 10 10 19 11
7. Birth date of deceased (mo., day, yr.) CUNE 14 1884	and fhaf I last saw h Alamalive on Lacata 19.
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION CONSUME COLORS
63 5 2nrsmin.	A Commission of the Commission
9. Dirthplace BROADWAY (Town. county, and state)	Due to Alay file la
fD. Usual occupation. HOUSEWIFE	Buo to
f1. Industry or business HOME	500 10:
12. Name. MICHAEL SCOTHORN 13. Birthplace VA	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name. MARY A DAUGHTERY 15. Birthplace	Major fiadiogs of operatioos
	Date of op.
16. Informan HAZEL 13. HUGHES	Autopsy results
Address FALLS IPD ROCKVILLEMD.	22. VIOLENCE: If death was due to external causes, fill in the following:
Burial, cremation, or removal Which?) [Burial, cremation, or removal Which?] [Burial, cremation, or removal Which?]	Accident, suicide, or homicide
Cemetery of erematory of Lower full Cometany	Where did injury occur? (City or town) (County) (State)
P. M. I m.	Injured af home, farm, industry, public place (where?)
Location Lacation The No. 196	Means of injury Injured af work?
18. Funeral director A Samuelles	820. (11, 11,50)
Address / 400 Chapin St. N.W. Wach. D.C.	23. SIGNATURE. M.D. or other
19. Oct. 17 1947 W Show star. Registrar	Address Ros Swill Med Date signed Med 1440

OCT 21 1947

MARGIN RESERVED FOR BINDING

VS A15

Authorization to change cause of death see letter; Dr. Eisberg, Nov. 7, 1947 ams. MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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09165

SEPTIFICATE OF DEATH

CERTIFICAT	E OF DEATH Reg. Diat. No. 210
1. PLACE OF DEATH: County Montgomery City or town. Bethesda (rural) (If outside eity or town limits, write RURAL and give nearest town) How long in above place of death? 9 months, 7 days Hospital, institution, or street address where death occurred: U. S. Vayal Hospital, Bethesda, Maryland How long in hospital or institution? 9 months, 7 days 3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County City or town Mount Ranier (If outside city or town limits, write RURAL and give nearest town) Street No. 12207 Russell Avenue (If rural, give LOCATION) 2.(a) If veteran, name war. WW I 3. (b) Social Security Number
BLACKMAN, Walter Morrell 4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	20. GATE OF DEATH 30 October 19 1/7 ,21 10:40 Au
6.(6) Name of husband or wife Gena A. Blackman 6.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) 19 December 1897	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1-23- and that I last saw h im alive on 10-30- Immediate cause of death Metastataxxxxxx OURATION
8. AGE: Years Months Days If less than one day	xxxxlvinx xboxxxx xxxxxxxxxxxxxxxxxxxxxxxxxxxxx
49 10 11hrsmin.	transmittighend 6
9. Birthplace South Carolina (Town, county, and state) 1D. Usual occupation Civil Service 11. Industry or business Post Office Department 12. Name John Blackman 13. Birthplace South Carolina, deceased	Due to
14. Malden name Mary Webb 15. Birthplace South Carolina, deceased	Major findings of aperations.
18. Informant Wife: Mrs. Gena A. Blackman Address 4207 Russel Ave., Mt. Ranier, Md. 17. burial Date thereof Il 3 4.7 (Burial, cremation, or removal Which?) (month) (day) (year) Cemetery or crematory Arlington National Cemetery Location Arlington, Virginia 18. Funeral director S. H. Hines Funeral Home Address 2901 14th St., NW, Washington, D. C. 19. 10-31 19 47 Mary C. Patterson (Date rec'd by registrar) Registrar	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work? 23. SIGNATURE H.B.EISBERG, CDR MC USN M. D. or other Address. USNH, Be the sda, Md. Date signed 10-30-17.

For authorization to change cause of death see letter, from Dr. Eisberg requested the change, on Nov. 7, 1947. ams.



PLEASE WRITE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09166

CERTIFICATE OF DEATH

Reg. Diat. No. 223

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Montgoning	
(If outside city or town limits, write RURAL and give nearest town)	State Many County Mostly
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	
204 Howan ava	Street No. 20 K Flows as
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Denine Ly-	
4. Saz 5. Color or race 6.(4) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
0	
Hereale White Single	20. DATE DE DEATH. LL 19 V 7, 21 Sie PM
8,(b) Nama of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	1 6 m. 0 8 18 10 19
7. Birth date of	and that I last saw h alive on tage 19
deceased (mo., day, yr.) Q 23 1947	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
/ 25min.	asphyxia dal la sa
21 0 0	Margareta
9. Birthplace Jakoma Sank md	Due to.
(Town, county, and atate)	7
10. Usuai occupation	Rue to
11. Industry or business	
# 12. Name Brane C Brand	
	Dther conditions
2 13. Birthplace Men Hangton Jours	(Include pregnancy within 8 months of death)
# 14. Maiden name Staring Keegan	N
15. Birtholace It. Klaym Ind.	Major findings of operations.
	Date of op.
16. Informant. Description of 18 March	Autopsy results.
Address 204 Flores Goz Jahons PX M	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Rusial 6124-1917	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) Date thereof (month) (dey) (year)	Accident, suicide, or homicide.
Cemetery or crematory Acoust Mars Marsoniel Conneter	Where did injury occur? The same family (County) (State)
Location MAMO A A A	Injured at home, farm, Industry, public place (where?)
18. Funeral director Strawn Class	Msans of Injury Strangelation Injured at work?
11 28 11 11 - 88 - 12 1 1 1 1	e atto
Address 254 Oarroll St AJ Taxoma Lase A	Some strang . Bronhan MU.
not as iln Attom (X)	23. SIGNATURE. M. D. or other
19. Oct 25. 1947 / TOMM NO. 01	Jacob love med as 18-47

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OCT 22 1947

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2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
1	State Maryland County Howard
City or town (17 outside city or town timits, write RURAL and give nearest town)	City or town DA. 4.1 A. AV. All outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	
The Montgomery Cantety general Hospital &	Street No
How long in hospital or institution? 2days.	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Linda Diane	Brown
7. Sax 5. Color or race 8.(a) Single, married, widowed, or divorced Female INhite Single	MEDICAL CERTIFICATION 20. DATE OF DEATH. Detotes 4 19 47 11 5 7 11
8,(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that t nttended deceased from OCFOCF 419 47.
7. Birth date of	and that I last saw h 12 alive on October 4 19 47
deceased (mo., day, yr.) Q'etober 2, 1947 8. AGE: Years Months Days If less than one day	Immediate cause of death
2min.	Engthoblasors is fetale 2 days
9. Birthplace Olivey, Mout gomery Co., Md. 10. Usual occupation. Laxant	Bue to RH incompatibility of parents ?
11. Industry or business	\$ \$5. P
12. Name Allen Miller Brown 13. Birthplace Dayfon, Mayyland	Dither conditions
	(include pregnancy within 3 months of death)
14. Maldan name Estella Mae hueus	Major findings of operations.
15. Birthplace Highland , Maryland	Date of op.
16. Informant 150 2 p. 1-2 / 100 000 5.	Autupsy results
Address 17. Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?) (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Gemetery or crematory Mr. 2100 Camatag	Where did Injury occur?
Location / Hogh land, Md.	Injured at home, farm, Industry, public place (where?)
18. Funeral director F.C. Itagina wothou	Means of Injury Injured at work?
Address Fllicott City, Md.	23. SIGNATURE Charles S. Whitahar 19.0. M. D. or other
19. Oct 4 18 47 God Lude B - Lawle Registrar	23. SIGNATURE M. D. or other Address. Clarke villa, 194. Date signed 10-4-42

The correct age legibly. WRITE PLAINLY, WITH UNFADING INK. Supply every item of information is especially important. Physicians: please write the causes of death cu MARGIN RESERVED FOR BINDING

VS A15

PLEASE



THE RESIDENCE OF THE LIFE THE STATE OF THE S

WITH UNFADING INK. Supply every item of information carefully. The colimportant, Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, '

VS A15

MARGIN RESERVED FOR BINDING

CERTIFICATE OF DEATH

eg. Dist. No. 223

	Reg. Diat. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or fown TAKOMA PARK MARY AND (If outside city or town limits, write RURAL and give nearest town)	State MARYLAND County MOINT GOWERY
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	City or town TAKDMA PARK (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where weath occurred:	Street No. 213 BUFFALO AUE
WASHINGTON SAN THOSPITAL	(If rural, give LOCATION)
How long in hospital or institution? 30 hrs. 10 minut	2.(a) It veteran, name war
BRYANT, THEODORE KL	ELLER 3. (b) Social Security Number
4. Sez 5. Color or race 8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
MALE WHITE MARRIED	20. DATE DE DEATH OCT 4 19 47 at 6 - a.
8.(6) Nams of husband or wife MARY BRYANT 6.(c) If alive, give age 23 years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) July 11, 1875	and that I last saw h. I. br. alive on OCL 4 18 F/
8. AGE: Years Months Days It less than one day	Immediate cause of death auricular tibrillation DURATION
72 2 23min.	with Carrie Tailing
9. Birthplace Ethic M. T. Mew York (Town, county, and atate)	Due to Branchofreumonia
10. Usual occupation	Due to Cachexia associated with
11. Industry of districts 12. Name Benyamin By yant	Cascinoma o Prastate
13. Birthplace New york	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name MARGARET Buchanom (?) 15. Birthplace Doyden N. 4.	Major findings of operations.
-1 - 1 - 1 - 1	Date of op.
18. Informant Mrs. 9 a Wa h 16st vo m	Aatopsy resalts
Address 2/3 Buffalo ave. Takona Pk Ac	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, eremation, or persoval. Whieh?) (month) (day) (year)	Accident, suicide, or homicide,
Cemetery or crematory Lake Trace Sometery	Whers did Injury occur?
T-1-1-11	Injured at home, farm, industry, public place (where?)
Lucanion .	Means of Injury tojured at work?
16. Funeral director	1 1 1
Address 254 - Carroll The Tome Farty	To SIGNATURE Dean & Harding MA
19. (Dato rec'd by registrar) Registrar	1/3 Carroy St NW M. D. or other



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MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

0916

CERTIFICATE OF DEATH

Dist No. 316

CERTIFIC	CATE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County May 1 90 17 2 4	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Mary Land County Mont gomer
City or town Behasada Maru And (If outside city or town limits, write RURL and give nearest town	7/21 0
How long in above place of death? Si. MCC 9-15-47 Hospital, Institution, or street address where death occurred: SUBUY DAY F 8600012 George Foul Rd-Bethead	1059 / 12-1-1, 001
How long in hospital or institution? S. M.CS. 9-15-47	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mrs Orpha Burchfiel	Home
4. Sex 5. Color or racel 6.(a) Single married, widowed, or diversed.	MEDICAL CERTIFICATION 20, DATE OF DEATH 10 - 1 19.47 at 3 P.
6.(6) Name of husband or wife William F Burch Ci	19. 10 19.7.
7. Birth date of deceased (mo., day, yr.) 100/-, 18, 1872	and that I last saw h. 44. alive on
B. AGE: Years Months Days If less than one day	Immediate cause of death and Tarking Tarking 2 day
9. Birthplace (Town, county, and state) 10. Usual occupation. House wife	
11. Industry or business	\$ 6m
# 12. Name H Street	Other conditions Carlesson Salesson -
13. Birthplace Mew Haven, Conn.,	(Include pregnancy within 3 months of death)
# 14. Malden name EVVILLY Haslarm	Major findings of operations Comments of Colon
14. Maiden name EVVIII HASIAM 15. Birthplace England	Bale of op. + 9/21/47
18. Informant Hospital Records	Autopsy results
Address BethesdA - Md.	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Cremation (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory Cedar Hill Crematory	
Location Washington, D. C.	
18. Funeral director. WTTI. Random Running Many	Msans of injury injured at work?
Address Bethesda, Maryland	23. SIGNATURE John Is. Ball On. D
10/14 1047 m Effe	23. SIGNATURE

OCT 9 1917

advantage for 19

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

	Reg. Dist. No	China and a second
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
ounty M. 27. + 9. 0 M. 6. h. V. ity or town T. 0 M. 2 M. C. (If outside city or town limits, write RURAL and give nearest town)	State Many land County Muntago	
w long in above place of death?	City or town S (1f outside city or town limits, write RURAL and give	nearest town)
pital, institution, or street address where death occurred:	00112 C - 105 V: 1/6 17 AQ	
ow long in hospital or institution? 5 months - 1 day	2.(a) If veteran, name war	
. (a) FULL NAME	3. (b) Social Securit	ty Number
Sex (5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female white widowed	20. DATE OF DEATH October 4 1947	11/15 a
(b) Name of husband or wite MA A SMES CALLY	21. I CERTIFY that death occurred on the date above stated: that 1 attended do	eceased from
Birth date of	and that I last saw her allyon October 3	19.47
deceased (mo., day, yr.) NOVE Mbeh 2/ 1816 AGE: Years Months Days It less than one day	Immediate cause of death Cerebral certain chrosis	DURATION
(70) 10 13 12 hrs. mir		
Birthplace + thaca NEW YOLK	Due 10. Generaly d artinoschemi	
10. Usual occupation 40 use wife	Bue to	
1. Industry or business 8 8 M. 11. Yan Sulli Yan	Diter conditions Hypertensers least dissine	5 years
13. Birthplace GLUEGO, NEW YORK	(include pregnancy within 3 months of death)	of soundly
14. Malden name Butherine Feeley 15. Birthplace I thoca, New York 16. Informant Washing ton Societor Will Hospital	(Include pregnancy within 3 months of death) Major findings of operations.	
2 15. Birthplace I thoca, New York	Oate of op	
Recended	Autopsy results. Time performed. PHYSICIAN: Please onderline the cause to which death should be charge	ed statistically.
Address Takomo Pank, Many land	22. VIOLENCE: If death was due to external causes, fill in the following;	
(Burial, cremation, or removal, Which?) Date thereof. Oct 5 1947 (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or erametery Caluacy	Where did injury occur? (City or town) (County)	
Location I thaca, new york		************************
18. Funeral director Maxnex & Pumplxey		
Address Silver Spring, md.	23. SIGNATURE Claron H. Iran M.	D. or other
19. (Date rec'd by registrar) (Date rec'd by registrar)	Address \$237 Gengia ave, Likes formy Date sign	ed Oct 4, 191

RESERVED FOR BINDING

MARGIN

OCT 7 1947

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Date signed.

/_			02111111011	TE OF DELLE		Reg. Diat. No.	
1. PLACE OF DE				2. USUAL RESIDEN	ICE (HOME) 0	F DECEASED:	
County Mont	Bothorda	(, , , , , , ,	יייייייייייייייייייייייייייייייייייייי	Por newborn into	ants give residence of	mother)	
City or town(If o	outside city or town l	lmits, write I	RURAL and give nearest town)	State	Washington	inty	••••••••••••
How long in above place	of death?	0 days	***************************************	. (1f outs	ide city or town limits	, write RURAL and give	nearest town)
Hospital, institution, or				Street No. 1405 3	rd St., N.V	V.	
			esda, Md.	.	(If rurai, give	LOCATION)	/
		<u> </u>	days	2.(a) if veteran, name wa	r		
3. (a) FULL NAM						3. (b) Social Secur	ity Number
		-	n Benjamin				
4. Sex	5. Color or race	6.(a)Sing	is, married, widowed, or divorced		MEDICAL CI	ERTIFICATION	
male	Col.		married	26 DATE DE DEATH	October 31	19.41	7 . 6:25
	De '	lla Car	rson			ive stated; that I attended o	
6.(b) Name of husband						17 10 31	
7. Birth date of			c) tf alive, give ageyear	and that I last saw h 1	M. alive en	31 October	c 18 47
deceased (mo., day,)	10		1, 1892	Immediate causa of deat			DURATION
8. AGE: Years	Months	Days	If less than one day	u	uma	ے	
5	5 8	20	hrs,min	Carli	- foile	~o	
9. BirthplaceWas	shington, l	D. C.	***************************************	Due to And	etemis	Conslin	
	1 - 1 - 4	county, and	atate)	vereff	due	<u> </u>	
ID. Usual occupation	an arre		***************************************	Due to Care	lula	gulat	
11. Industry or busines				Rem	2	line	
12. Name GARSON, William dec.			Other conditions	Typhilis			
				pregnancy within 3 n		•••••	
14. Malden name 15. Birthplace	AYERS, L	ucinda	dec.				
15 Rirthnlace	Washir			Major findings of operati			••••••
			rson		_	Date of op	
1 1				PHYSICIAN: Please und		ich death should be char	red statistically.
Address 1405 3rd St., N. W., Wash., D.C.			22. VIOLENCE: If death	was tine to external can	ses, fill in the following:		
17. burial Date thereof (month) (day) (year)			The second second second	****	Date of		
			ational (day) (year)	3-3-3-1			
				Where did injury occur? .			(State)
11-46	Arling				lustry, public pisce (wh	nere?)	***************************************
18. Funeral director.	alvan & Sc	chey	Melfer	Masns of Injury		tnjured st work?	
Address 424 R	St., N. 7	V. Was	sh. D.C.	r	1000	11 4.	Un , 24.
			C. Callager	23. SIGNATURE	E. BILLMAN	J. Lt. Je Mc	abother with
19. (Date rec'd by re	19 47	Mary	Registral	Address USNH H	BETHESDA, Md	Date sign	ad 10-31-47

Address...

WEADING INK. Supply every item of information carefully. The correct age tant. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE

VS A15

RECEIVED

NOV 5 1947

BUREAU VA

2411 N. Charles St., Baitimore

CERTIFICA	IE OF DEATH Reg. Dist.	No. 216
1. PLACE OF DEATH: County Montgomery City or town Bethesda Maryland (If outside city or fown limits, write RURAL and give nearest town) How long in above place of death? 60 yrs. Hospital, institution, or street address where death occurred: 5601 River Rd. Bethesda, Md.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother) State Maryland County Montgon City or town Bethesda, Maryland (If outside eity or town limits, write RURAL and Street No. 6501 River Rd. (If rural, give LOCATION) None None	give nearest town)
Mary J. Churchel	3. (b) Social Se	
Female White Married Married	MEDICAL CERTIFICATION 20. DATE OF DEATH. Och 2.3	
5.(b) Name of husband or wife. George M. Churchill 5.(c) If allve, give age	Immediate cause of death	19
8. AGE: Years Months Days If less han one day 71 5 22 hrs. min. 9. Birthplace Maryland (Town, county, and state)	Due to	and sulling
1D. Usual occupation Housewife 11. Industry or business	Due to	
12. Name Louie C. Solyomdeantalfa 13. Birthplace Poland 14. Maiden name Sarah J. Good	Other conditions	
14. Malden name Sarah J. Good 15. Birthplace Washington, D.C. 18. Informant George M. Churchill	Major findings of operations. Date of o	V
Address 5601 River Rd., Bethesda, Md. Cremation (Burial, eremation, or removal, Which?) Cemetery or crematory Marvyl and	PHYSICIAN: Please underline the cause to which death should be a c	eharged statistically. g: of
18. Funeral director Wisconsin Ave., Bethesda, M	Misans of Injury Injured at wo	m.

MARGIN RESERVED FOR BINDING

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PLEASE WRITE

(Date ree'd by registrar)

OCT 30 1947

Charles	St.	Baltimore
CHAILES	DL.,	Daitimore

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leg.	Dist	N	0	21	7

2411 N. Charle	es St., Baltimore 940 (19173)
CERTIFICAT	TE OF DEATH Reg. Dist. No. 217
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH Delta 19 4 7 21 24 7 M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Sirth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day hrs. min.	and that I last saw halive on
9. Birthplace (Town county, and atste)	Due to.
10. Usual occupation	Due to.
12. Name Folin F. Cole 13. Birthplace Changland;	(Include pregnancy within 3 months of death)
14. Maiden name Verry Unna Budd 15. Birthplace Mark	Major findings of operations. Date of op.
16. Informant Address Brinklow, Md.	Autopsy results PHYSICIAN: Please underline the easse to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
17. Butter (Burial, cremation, or removal, Which?) Date thereot (C) (month) (day) (year) Cemetery or crematory (Many ten Manual Camethy	Accident, suicide, or homicide
Location Washington M.C.	Injured at home, farm, industry, public place (where?)
18. Funeral director Rock welle, Med.	Frank J. Broschart M. V
19. Oct & 1947 Gestruck B Jawa Registrar	23. SIGNATURE M. D. or other Address Date signed / D



WRITE

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09175

CERTIFICATE OF DEATH

002.00

-				
Y. PLACE OF DE			2. USUAL RESIDENCE (HOME) Of (For newborn infants give residence of	F DECEASED:
CountyMOD	tgomery.	(7)	State D.C. Cou	
City or town(If	outside city or town	(rural) imits, write RURAL and give nearest town)	Machinetan	
Now long in above plac	e of death?	nine days	City or town	, write RURAL and give nearest town)
Hospital, Institution, o	or street address where	death occurred:	Street No. 6000 2nd St., N.W	
		, Bethesda, Md.	(If rural, give	LOCATION)
How long in hospital of	or institution?	9 days	2.(a) If veteran, name war	
3. (a) FULL NAM	CONNE	LLY, Bernard Michael		3. (b) Social Security Number
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CE	ERTIFICATION
male	W-US	married	20. DATE OF DEATH 8 October	19.47 at 2:20A1
6.(b) Name of husband	d or wife Eliz	abeth R.Connelly	21. I CERTIFY that death occurred on the date abo	
		6.(c) If alive, give ageyears		47 10 8 Oct 1947
7. Birth date of	Morrom	ber 12, 1900	and that I last saw h	8 Oct. 19 47
deceased (mo., day,		Days I tf tess than one day	Immediate cause of death	DURATION DURATION
46	10	26hrsmin.	massive gartso	intestinal lodge
			Due to Duodenal Wice	0 2404
9. BirthplaceWa	shington,	Da C.		
	Bureau of	Engraving	Due 10. 123:2	131.2
10. Usual occupation			Due to	
11. Industry or busine				
물 12. Name		mes H. dec.	Other conditions	
13. Birthplace	N.Y.		(Include pregnancy within 3 r	nonths of death)
置 14. Malden name	N.Y.	, Ellen	Major findings of operations	
E 15 Birthniace	N.Y.		Major madings of operations	
wi f	e. Mrs Fl	izabeth R.Connelly	Autopsy results.	
			PHYSICIAN: Please underline the cause to wi	hich death should he charged statistically.
		N. W., Wash., D.C.	22. VIOLENCE: tf death was due to external cau	ses, till in the following:
17 burial		Date thereof	Accident, suicide, or homicide	
			Where did injury occur?(City or town)	
		et		
Location	Maryland			here?)
18. Funeral director.	ames T. Ry	an	87 Raufm	Injured at work?
Address317 F	enn.,Ave.,	S.E., Wash . D.Co . 1	23. SIGNATURE S. F. KAUEMAN	Lt. JG MC USNR
10-8)17	Marva Unariouse omitum		M. D. or other
(Date rec'd by I	registrar)	Registrar	Address USNH Bethesda, Md.	Date signed 10-8-47



PLEASE WRITE PLAINLY

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09174

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county MONTGOMEN 4 Co.	State VMAVULAND County
City or town. 13ethesda, 170d (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death? Since Sept 27,1947	City or town
Hospital. Institution, or street address where death occurred: SUBUYBAM Hos	Paireel No 1024 MOLLES Drive
Del Manager	(If rural give LOCATION)
How long in hospital or institution? Since Sept. 27,1947	2.(a) 11 veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mrs Clara Cook	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or diversed-	MEDICAL CERTIFICATION
FW	20. DATE OF DEATH OCTO BEY 9 1947 21 10 A
6.(b) Name of husband or wife Theodore Cook	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	77 Alpy 194 10 4 Oct 19 4
7. Birth date of The state of T	and that I last saw h
deceased (mo., day, yr.) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Immediate cause of death
o. Aug.	Branchet Rusumania 17 de
76 2 20nin.	-
8. Birthplace Philadelphia Pennsylvani	Due to
(Town eounty, and state)	
10. Usual occupation HOUSELLIFE	· Que to
11. Industry or business	
12. Name F Parker 13. Birthplace Pennsulvania	Other conditions I blow the line of the conditions of the conditio
	(Include pregnancy within 2 months of death)
14. Maiden name LOUISA ROBB 15. Birthplace Penysylvania	
B	Major fiadiags of operations
1 - 0 11	Date of op.
18. Informant O. Milk O. Hiffin	Autopsy results
Address 1022 mell Drie Silver Sur	22. PROLENCE: If death was due to external causes, till in the following:
(Burlaf, eremation, or removal, Which?)	
(Burial, eremation, or removal, Which?) Date thereol (month) (day) (year)	Additional of the state of the
Cemetery or crematory.	Where did injury occur?
Location	Injured at home, farm, industry, public place (where?)
112 8 X V: 11 C	Meens of Injury Injured at work?
18. Funeral director	1. Ste. O. h. X
Address 2901 14 TH M 71.70 DC.	23. SIGNATURE (SMULLIPLY)
10/9 147 m & lobes	M. D. or(other
19. (Dato rec'd by registrar) Registrar	Address Collinelle Mac Date signed 9 Oct 190



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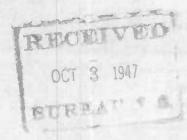
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH;	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Marianny	State Maryland County Monty.
City or lown(If pytside city or town limits, write RURAL and give nearest town)	10 - 1 1 - 0 di
How long in above place of death? 26 years	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where whath occurred:	Street No. 2 222
8 Lee St.	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Je w widow	20. DATE DF DEATH
Mes. us. Esawford	21. I CERTIFY that death occurred on the date above stated; that I allended deceased from
6.(8) Name of husband or wife	Deb 19
7. Birth date of A C C C C C	and that I last yaw halive on
deceased (mo., day, yr.) R ACE- Years Months Days If less than one day	Immediais cause of death
S. AGE:	
92 0 23 hrsmi	" Cercuona of Jan. 14 ma.
9. Birthplace (Town, county, and state)	Oue to
. 1	
10. Usual occupation	Due to
11. Industry or business	
12. Name wow m. Bollis 13. Birthplace Com.	Dther conditions
X 13. Birthplace Com	(Include pregnancy within 3 months of death)
14. Maiden name Canaragellia Long	
14. Maiden name Canaryllia Long 15. Birthplace	Major findings of operations
	Bate of op.
16. Informant Mary Charter	Antopsy results
Address & See St. Capital Very ma	22. VIOLENCE: If death was due to external causes, till in the following;
(Burial, cremation, or removal, Which?) Byte thereof (month) (day) (year)	Accident, suicide, or homicide
	Where did injury occur? (City or town) (County) (State)
Cemetery or crematory.	
Location Mismoully	Injured at home, farm, Industry, public place (where?)
18. Funeral director The of No Newsgea	Meens of Injury Injured at work?
Address 290 (14 MM	Trank y. Brose hart M. J.
a has to Carel : Justhall	23. SIGNATURE
(Date rec'd by registrar)	Far Address January Brand 10-1-14

MARGIN RESERVED FOR BINDING

VS A15



(Date rec'd by registrar)

MARYLAND	STATE	DEPARTMENT	OF	HEALTH
	0411 N C	Cs D. let		10

E OF DEATH	Reg. Dist. No 216
2. USUAL RESIDENCE (HC	OME) OF DECEASED: esidence of mother)
State D. C.	County
(If outside city or	town limits, write RURAL and give nearest town)
Street No. 3010 R St.,	, N.W.
1201	rurai, give LOCATION)
2.(a) If veleran, name war	T-dis-
	3. (b) Sucial Security Number
MEDI	CAL CERTIFICATION
50 pare of orars	October 30 19 47 at 330
	the date above stated; that I attended deceased from
im in	30 October
	DURATIO
Immediate cause of death	
Brocke	ulumova 120
,	
Due to Branchie	tasis duly
Due to	
	···
Other conditions	
(Include pregnance	ey within 3 months of death)
Major findings of operations	
	Date of on
Brock I	fobas Preumoria
PHYStCtAN: Ptease underline the	cause to which death should be charged statistically.
22. VIOLENCE: If death was due to	external causes, fill in the following;
	Date of
Where did injury occur?(Cit	M .
Injured at home, farm, industry, pub	7/ //
Means of Injury	Injured at work?
	. L. FLECK, Lt. MC USN
Λ	. De Editore de mo Con
23. SIGNATURE	M. D. or other

NOV 1 1947

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cartage is perecially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

170	4	
ch.		1
1	77 G	Name of Street

09178

CERTIFICA	TE OF DEATH	Reg. Dist. No	216
1. PLACE OF DEATH: County Nontgomery City or town	Cliy or town Takoma Pa (If outside city or town lin Street No. # 9 Elm (If rural, g	County Y K MA nits, write RURAL and give n	earest town)
Female White Widowed Temale White Widowed	20. DATE DE DEATH Oct. 6	CERTIFICATION	The second secon
8.(b) Name of husband or wife George Frank Damon 6.(c) If alive, give age year 7. Birth date of deceased (mo., day, yr.) 8. AGE: Yeare Months Days It less than one day 82 4 15 hrs. min	Feb. 6	1947, 106 OX	19.47> 19.77> DURITION 7.0470.
9. Sirthplace Kirtland, bake Co., Ohio 10. Usual occupation. House wife	Due to Servela Arterissel	usais	8409000
11. Industry or business 12. Name Samuel Morse Whiting 12. Name Kirtland, Ohio 14. Maiden name Frances Tryon 15. Birthplace Paines ville, Ohio	Other conditions (Include pregnancy within		
15. Birthplace Paines ville, Onio 16. Informant Mrs. J. B. Allen, daughter Address 49 Elm Ave., Takoma Park, Ma	Aatopsy resalts	which death should be charge	ed statistically.
17 CREMATION (Burial, cremation, or removal, Which?) Comelers or crematory CEOAR HILL (month) (day) (year)	22. VIOLENCE: It death was due to external Accident, suicide, or homicide	Date of	(State)
Location SOITLAND-PRINCEGEORGES CO. M.D. 18. Funeral director Warner & Complement Address SILVER SPRING. M.D.	Injured at home, farm, Industry, public place Means of Injury 23. SIGNATURE	tnjured at work?	M. Q.
19. 10/7 1947 2/m & Johns Registra	Address Dakoma Pack	. Md Date signe	60 cf. 47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland county Prince George City or town Cottage City.

(If outside city or town limits, write RURAL and give nearest town) 3806 Park Wood Street (If rurel, give LOCATION) W. W. I

3. (a) FULL NAME

1. PLACE OF DEATH: Montgomery

Hospital, Institution, or street address where death occurred:

USNH Bethesda Md

DECKER, Seeley Alexander

Now long in hospital or Institution? 4 months, 27 days

4 months, 27 days

3. (b) Social Security Number

4. 5	iex	5. Coid	or or race	6.(4)Sing	le, married, widowed, o	r divorced	
	Male W-US			married			
7 6	b) Name of husband Birth date of eccased (mo., day,				(c) If alive, give age	-46 years	
8.	AGE: Year	s N	lonths	Days	. It less than one	day	
	50		1	10	hrs.	min.	
1D.	Birthpiace	Co	ok (10wii,		state)		
FATHER	t2. NameW	alte	r Deck	er	sed		
MOTHER		M		ott			

Cemetery or crematory Arlington National Cemetery

Address 5801 Cleveland Ave., Riverdale, M., Many Catterson

Arlington, Virginia

Address 3806 Park Wood St., Cottage City, Md.

W. W. Chambers Co. M. 2

Mary C. Patterson

16 Informant Wife: Mrs. Vera Decker

burial (Burial, cremotion, or removal, Which?)

(Date rec'd by registrar)

MEDICAL CERTIFICATION	33 000
20. DATE OF DEATH 19 at	11:00P
21. I CERTIFY that death occurred on the date above stated; that I attended deceased for the date above stated; that I attended deceased for the date above stated; that I attended deceased for the date above stated; that I attended deceased for the date above stated; that I attended deceased for the date above stated; that I attended deceased for the date above stated; that I attended deceased for the date above stated; that I attended deceased for the date above stated; that I attended deceased for the date above stated; that I attended deceased for the date above stated; that I attended deceased for the date above stated; that I attended deceased for the date above stated; that I attended deceased for the date above stated; that I attended deceased for the date above stated; that I attended deceased for the date above stated; that I attended deceased for the date above stated; that I attended deceased for the date above stated; that I attended deceased for the date above stated for the dat	rom 19 47
Immediate cause of death Massive Josho intestinate formanting from ? 2 sophogen voice	DURATION Survey
Va . 0	
Other conditions Cholemia	
(Include pregnency within 3 months of death)	
Major findings of operations	
Actorsy results. Os above PHYSICIAN: Please underline the cause to which death should he charged statis	
22. VIOLENCE: If death was due to external causes, fill in the following;	
Accident, suicide, or homicide	
Where did Injury occur? (City or town) (County) (St	6. 4.
tnjured at home, farm, Industry, public place (where?)	***************************************
Meens of Injury Injured at work?	
F. E. WETZER, LT MC USN	

USNH Bethesda, Md.

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RECEIVED

OCT 28 1947

BUREATICE

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09180

Reg. Diat. No. 14

1. PLACE OF DEATH: County Montgomery City or town Silver Spring (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? HOW long in above place of death? 830 Gist Ave. How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		
3. (a) FULL NAME LOTTIE ROBERTA DEEBLE	3. (b) Social Security Number		
female S. Color or race 6.(a)Single, married, widowed, or divorced married	MEDICAL CERTIFICATION 20. DATE DF DEATH OF 21 21 20 0 7		
6.(b) Name of husband XXXX Henry A. 6.(c) It alive, give age years 7. Birth date of deceased (mo., day, yr.) Feb. 12th. 1883	21. L CERTIFY that death occurred on the date above stated; that I attended deceased from 19.3 9 to 0 el 2/ 19.47 and that I last saw h 22 alive on 0 el 2/ 19.47.		
8. AGE: Years Months Days If less than one day 64 8 10 hrsmin.	Immediair cause of death DURATION Carumon assarding colon 2 yrs. With metaslass to Lines		
9. Birthplace Maryland (Town, county, and etate) 10. Usual occupation. Housewife 11. Industry or business 12. Name Francis Nevitt 13. Birthplace Maryland	Due 10. Due 10. Diher conditions. (Include pregnancy within 3 months of death)		
14. Maiden name Roberta Burch 15. Birthplace Maryland 16. Informani Mr. Henry A. Deeble	Major findings of operations Gausson according cuffer. Bate of op. 1944		
Address 830 Gist Ave. Silver Spring. 17. Burial Date thereof Oct. 23rd. ! (Burial, cremation, or removal. Which?) Cemetery XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Antopay results		
19. Oct 4 × 19. 17 Josephus 4 Schaeffer Registrar	Address 943 Benjand St Date signed 10-22-47		

OCT 24 1947

MARGIN RESERVED FOR BINDING

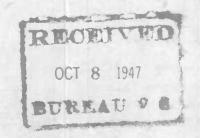
VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

U9181 Reg. Diat. No. 211

CERTIFICATE OF DEATH

J. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County County	
City or town Namascus my	State Many Lawrence County Monday and
(If outside city or town limits, write RURAL and give nearest town)	City or town. (1f outside city or town limits, write RURAL and give nearest town)
How long In above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
70000 100	
Marguerile X angles vull	orc
4. Sex 5. Cotor or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Land VIT Villatorial	20. DATE OF DEATH O toler 5 1947 ,213:15 P: M
Jamax W Manny	
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Movember 15, 1946, to Rober 5 1947
5. (c) It alive, give ageyears	end that I last eaw h. ER allye on Otto 4 5 19 97
deceased (mo., day, yra Xuly 14-1864	Immediate cause of death Interioscleratic Caralta DURATION
8. AGE: Years Mooths Days It less than one day	wasenly tusies. 15 years.
83 2 2/hrs,min,	
9. Birthplace (Town, county, and state)	Due to
(Town, county, and state)	h
10. Usual occupation 2200	Due to
11. Industry or business	
al - 190 - Alex	
12. Name	Dther conditions
13. Birthplace Washington	(Include pregnancy within 8 months of death)
14. Maiden name Mark C Silton anyly	
14. Maiden name Mark C Sillon angly. 15. Birthpiace Propries	Major fiadings of operations
E 15. Birthpiace Confirmation	Date of op.
16. Interment Harroly H. Pullon	Autopsy results
14 cm / The	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Washington W	22. VIOLENCE: If death was due to external causes, till in the following:
(Burial, cremation, or propoval. When?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
(Buriai, cremation, or removal, Which?) (month) (day) (year)	
Cemetery or crematory, Local Cruss.	Where did injury occur?
man to the	Injured at home, farm, Industry, public place (where?)
Location	
18. Funeral director and 200 Barbar	Means of Injury tnjured at work?
	(2.1/ 711 1).
Address & ayston wall my	23. SIGNATURE June J. Peter M. N.
10 at 1 47 Della W Bundett	M. D. or other
19. Registrar	Address Date signed (017/47)



2411 N. Charles St., Baltimore

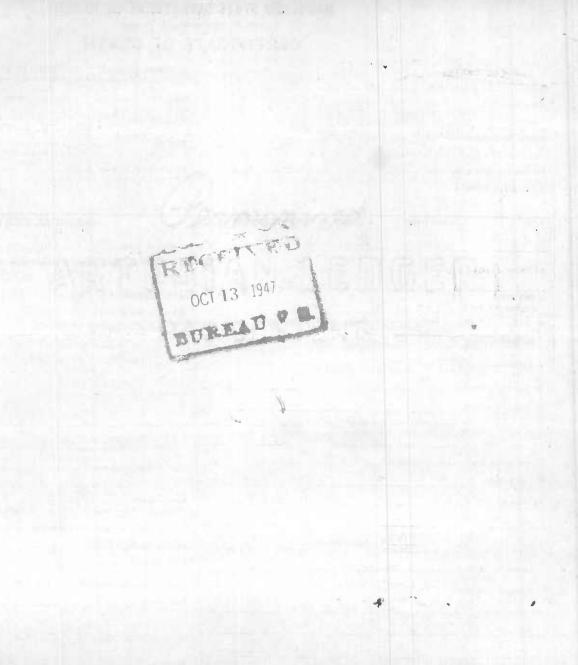
13100

CERTIFICATE OF DEATH

		Reg. Dist. No		
1. PLACE OF DEATH: County Montgomery		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town	Himiso, write RURAL and give nearest town) 4. A.y.5. e death occurred: N.t.y. G.EMEKAL HOSpital 2.	State Mary Land County Mantgomery City or town (If outsidecity or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)		
How long in hospital or institution?	47day1.	. 2.(a) If veteran, name war	,	
3.(a) FULL NAME To v. V	lernon H. Duson	3. (b) Social Security	Number	
4. Sex 5. Color or race	6.(a) Single, married, widowed, or diverced	MEDICAL CERTIFICATION		
Male white	Widowed.	20. DATE OF DEATH OCTOBER 5 19.47	1 7:35 A M	
8.(b) Nama of husband or wife	B.(c) If alive, give age year	21. I CERTIFY that death occurred on the date above stated; that I attended dece August 19. 47. 10. October 20. 10. 10. 10. 10. 10. 10. 10. 10. 10. 1	5 19.47	
7. Rirth date of	24 1866	and that I last aaw h. R.C. alive on		
8. AGE: Years Montha	Days If less than one day	Immediato cause al death		
81 9	/0 hra. mln.	Lyaemia		
10. Usual occupation Physics Co. L.C. 11. Industry or business	n. county, and state)	Euc (d.	1	
	Dyson	Other conditions		
	Maryland N. Pyles	(Include pregnancy within 3 months of death) Major findings of operations.		
W 15 Birthniaca	Maryland	Major bindings of operations		
18. Informant Haspital	vecouds	Autopsy results		
Address 17 Bankal (Burial, cremation, or removal, Which Cametery or eremation)	272 151	22. VIOLENCE: If death was due to external causes, fill in the tollowing; Accident, aulcide, or homicide		
Location Sugality	alle my	Injured at home, farm, Industry, public place (where?)		
18. Funeral director	ville mg	as cionalities and i . /		
19. (Date rec'd by registrar)	Ge tuses Lawly Registra	M. D.	1 1	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correction is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

47 dx

09183

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: County On Land And County City or town Chevy Chase Land and give nearest town) How long in above place of death? Hospital institution, or street address where death occurred: 105 Chevy Chase Drive How long in hospital or institution?				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn lufants give residence of mother) State. Maryland County Montgomery City or town. Chevy Chase, Maryland (If outside city or town limits, write RURAL and give nearest town) Street No. 105 Chevy Chase Drive (If rural, give LOCATION) 2.(a) If veteran, name war None
3. (a) FULL NAM		, Ja	mes R.	3. (b) Social Security Number
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CERTIFICATION
Male	White	Mar	ried	20. DATE OF DEATH Oct. 13, 194), 21, 9 - A. M
7. Birth date of	6.(b) Name of husband or wife Henrietta S. 7. Birth date of deceased (mo., day, yr.) November 10, 1877			21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19
8. AGE: Yea	ars Months	Days	If less than one day	Immediate cause of death DURATION
69	11	3	hrs min.	
9. Birthplace Marion Co., Missouri (Town, county, and state) 10. Usual occupation Retired Civil Eng. U.S. Govt 11. Industry or business 12. Name William Ellis 13. Birthplace Kentucky				Other conditions
置 14. Maiden name	. Mary Ja	ames	••••••	(Include pregnancy within 3 months of death) Major fiadiags of operations.
S 15. Birthplace	Marion Co	. Mis	souri	Date of op. What 38, &
14. Malden name Mary James 15. Birthplace Marion Co. Missouri 16. Informant Mr. Walter Sacks Address 105 Chevy Chase Drive, Chevy Chamber C				Aatopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory Prospect Hill Cemetery				Where did injury occur?
18. Funeral director Wm Lewbern Funerhouse Address 7557 Wis. Ave. Bethesda, Maryland 19. 10/14 19 47 2m Elolea				tnjured at home, farm, Industry, public place (where?) Meens of Injury Injured at work? 23. SIGNATURE
19. (Date rec'd by r		l	Resistrat	Address Sakes Med Bate Goned 10/13/4



MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH on carefully. The correct clearly and legibly. 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Hospital, institution, or street address where death occurred: information of death cle 3. (a) FULL NAME 3. (b) Social Security Number 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION BINDING 6.(b) Name of husband or wife..... deceased (mo., day, yr.) Days 8. AGE: RESERVED 1D. Usual occupation... 11. industry or business 13. Birthplace (Include pregnancy within 3 months of death) 14. Maiden na 15. Birthplace 16. informant PHYSICIAN: Please underline the cause to which death should he charged statistically. PLAINLY is especial Address 22. VIOLENCE: If death was due to external causes, fill in the following & Burial Date thereof 10-19-1947 Accident, sulcide, or homicide..... Kingfisher Cemetery Where did Injury occur? WRITE (City or town) Injured at home, farm, industry, public place (where?) Means of Injury

VS A15

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Spring,

Solve Spa Pet 2
Bo Edw R. o Rudolph
of Kingfisher Obsla

OCT 24 1947

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

940

09185

CERTIFICATE OF DEATH

Rag. Dist. No. 714

A. PLACE OF DEATH:				2. USUAL RESIDENCE	(HOME) OF	DECEASED:	
County Montgomery City or town Silver Spring (If outside city or town limits, write RURAL and give nearest town)				state Maryland county Montgomery			
How long in above pic	ace of death?			(If outside	eity or town limits,	write RURAL and give nea	rest town)
	for street address when			116 He		Ave.	
					(If rural, give !		
			***************************************	2.(a) i1 veteran, name war	2.(a) 11 veteran, name war		
3. (a) FULL NAME FREDERICK MANNING FAIRE				RFAX		3. (b) Social Security	Number
4. Sex	5. Color or race		e. married, widowed, or divorced	M	EDICAL CE	RTIFICATION	-
male	white	ma	rried	2D. DATE DE DEATH	John	1, 1947	1 6 3
R (h) Name of husba	nd or wife Ann			21. I CERTIFY that death occu	irred on the date abov	e stated; that I attended decea	ased from
			c) I1 alive, give agey	4-	25-196	f5 10 10·	-/- 194/
7. Birth date of				and that I last saw h.4.44	alive on	10 - 1	- 19 4-7
deceased (mo., da	y, yr.) OG C.	18th.	1904	Immediate cause of death			DURATION
8. AGE: Ye	11	13		acute	monary	1 occusion	45 minut
		1	hrsr	nin.			
8. Birthplace	lairfax.	Va.	state)	Due to Esseul	hat try	redension	2 years
			easury Dep't.			••••••	***************************************
11. Industry or busin	ness U. S.	Gover	ment	Due 10		***************************************	**********************
				Dither conditions			***************************************
12. Name Archie Franklin Fairfax							
14. Maiden name Lou Emma Davis 15. Sirthplace Fairfax, Va. 16. Informant Mrs. Ann Fairfax,				(Include pro	egnancy within 3 m	onths of death)	
E 14. Maiden nam	neLOU Emm	a Davi	.\$	Majar findings of operations.			
€ 15. 8irthplace	Fairfax	, Va.				Date of op	
16. Informant	Irs. Ann	Fairfa	x,	Autopsy results	************************		
				DUVCICIAN. Plane nadadis	ne the cause to whi	ch death should be charged	statistically.
Address 116 Hamilton &ve. Silver Spring					due to external caus	es, till in the tollowing:	
(Burial, cremation, or removal. Which?) Bate thereol. 10-4-1947 (month) (day) (year)				Accident, suicide, or homicide.			
Cemetery or crematory Fort Lincoln				Where did Injury occur?	(Oity or town)	(County)	(State)
Location Pr	ince Geo	rges C	o. Maryland.			ere?)	
	Warner		efshrey_	Means of Injury		tnjured at work?	
			7	7	100	1	1.1
Address Si	lver Spr	ing, M	a.	23. SIGNATURE	ESKA	maker	MU
" Oct 2	10 49	Quest	in mochaels		then Dr.	M. D. c	or other
(Date rec'd by	registrar) 19.47	- July	Legar	rar Address 8005 Word	Samuel	Date signed	10/1/47

OCT = 1947

OCT = 1947

OCT 4 1947

PLEASE

A15

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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2 HOURT DECIDENCE (LICAME) OF DECEASED

CERTIFICATE OF DEATH

Reg. Diat. No. 714

09186

1. PLACE OF DEATH: County Montgomery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
	state Maryland county Montgomery			
City or town Silver Spring (If outside city or town limits, write RURAL and give nearest town)	City or town Silver Spring (If outside city or town limits, write RURAL and give nearest town)			
How long in above place of death?				
Hospital, Institution, or street address where death occurred:	Street No. 2008 Lansdowne Way			
2008 Lansdowne way	(If rural, give LOCATION)			
How long in hospital or institution?	2.(a) If veteran, name war			
3. (a) FULL NAME	3. (b) Social Security Number			
WILLIAM G. FENNEL	207-10-4447			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
male white married	OR DATE RE REATH COCK 7 472 PM			
	25. DATE OF DEATH.			
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I atlended deceased from			
	June 18 19 10 CC 7 19 42			
7. Birth date of deceased (mo., day. yr.) Oct. 19th. 1878	and that I last saw h. A shire on 19			
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION			
6 9 11 18hrsmin.	and the selection of th			
9. Birthplace Heckersville, Pa. (Town, county, and atate)	Due to			
1D. Usual occupation Retired	The Section of the se			
	Dieto Company Company			
11. Industry or business				
12. Name William Fennel Lagrange Heckersville, Pa.	Dther conditions			
13. Birthplace Heckersville, Pa.	(C) 1 2 Albert O markle of Joseph			
14. Malden name Anna M. Evans	(Include pregnancy within 3 months of death) Major findings of operations.			
15. Birthplace Minersville, Pa.	Major findings of operations.			
	esophagus. Daje of op. 7 2/134)			
16. Informant Mrs. Anna C. Fennel	PHYSICIAN: Please underline the cause to which death should be charged statistically.			
Address 2008 Lansdowne Way				
	22. VtOLENCE: If death was due to external causes, fill in the following:			
17. Remayal Date thereof 10-7-194.7 (month) (day) (year)	Accident, suicide, or homicide			
Cemetery or crematory	Where did injury occur?			
Location Allentown, Lehigh Co. Pa.	Injured at home, farm, Industry, public place (where?)			
18. Funeral director Wane & Pumphuy.	Meens of injury Injured at work?			
	1 4 1 1 100 1000			
Address Silver Spring, Md.	23. SIGNATURE TENT LOCAL MAN			
10 Oct 7 1047 reshing In School 10	2835 Satten Club D. orother			
19. Oct 7 (Date rec'd by registrar) 19 (1) Registrar In Charles	Address Market gnet CF			

OCT 9 1947

UNFADING INK. Supply every item of information carefully. We correct age tant. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNF is especially important.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIF	FICATE OF DEATH Reg. Dist. No.
I. PLACE OF DEATH: county Montgomery City or town Chevy Chase, Maryland (If outside city or town limits, write RURAL and give nearest to How long in above piace of death? 4 yrs. Hospital, institution, or streef address where death occurred: 6613 Strathmore Street, How long in hospital or institution?	State Maryland county Montgomery City or town Chevy Chase Maryland (If outside city or town limits, write RUKAL and give nearest town) Street No. 6613 Strathmore St.,
3. (a) FULL NAME Dr. Milburn M. Fowler	3. (b) Social Security Number
Male S. Color or race 6.(a)Single, married, widowed, or divorce Married	MEDICAL CERTIFICATION 20. DATE OF DEATH October 27th, 1947, 35:30A.
6.(b) Name of husband or wife	years and that I last saw h. alive on 18. Immediate vause ut death. DEP. MED. EXAM. CASE DURATION Coronary Occlusion Died Suddenly Due to Due to
12. Hame Nathan Fowler 13. Birthplace Maine 14. Maiden name Emma Dennett 15. Birthplace Maine 16. informant Mr.s. Marcia W. Fowler	(Include pregnancy within 3 months of death) Majur findings of operations. Date of op.
10/28 47 9m 6 got	22. VIOLENCE: If death was due to external causes, fill in the following; (year) Accident, suicide, or homicide

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OCT 30 1947

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rect age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(19188) Reg. Diat. No.

1. PLACE OF DEATH: 7	2. USUAL RESIDENCE (HOME) OF DECEASED:
County O	(For newborn infants give residence of mother)
City or town Clarksburg Rusch	State Many County Matt. Many
(If outside city or town limits, write RURAL and give nearest town)	City or town Clarksbury and Renal
How long in above place of death?	(If ontside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If yeteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Catha madia	212-20-1742
4. Sex 5. Color or race 6.(α)Single, married, widowed, or divorced	
4, Sex 3, Solid of Face O.(A) Single, married, withheld, of director	MEDICAL CERTIFICATION
Male Cal Married	20. DATE OF DEATH Office IS 19. 47 , of 12:45 P: M
6.(b) Name of husband or wife.	21. L CERTIFY that death occurred on the date above stated; that I attended deceased from
/	Threwber 19 1941 10 John 28 1947
6.(e) If alive, give age years	and that I last saw h. M. alive on 6 tyles 27 1947
7. Birth date of deceased (mo., day, yr.) Van -18-1884	Investigate consect desir Cerural Removed by DURATION
8. AGE: Years Months Days If less than one day	Immediate cause of death Saruthal Memory Aug DURATION
63 9 10hrsmin.	
9. Birthplace Mary (Town, county, and state)	Due to attrioseller Cardoracula /0 glas
9. Birthplace (Town, county, and state)	distast.
10. Usual occupation afternia	Due to.
11. Industry or business Burtania	000 10
12. Name Lagras The State of S	Other conditions
13. Birthplace maryland	(Include pregnancy within 3 months of death)
14. Maiden name Cilier Williams	
	Major findings of operations.
15. Birthplace Maryland	Oate of op.
16. Informant Ella My This Town	Autopsy results.
Address Clarksking me	PHYSICIAN: Please underline the cause to which death should be charged statistically.
10 - 1 1911 - 1911 -	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
1 2 2	
Cemetery or crematory Thurs White	Where did injury occur?
Location Clarks Surg & Many	Injured at home, farm, Industry, public place (where?)
Para Bil	Means of Injury Injured at work?
18. Funeral director	7 7 7111
Address a consult my	-KANNIN.
10.00 N/O DA	23. SIGHATURE M. D. or other
(Date reg'd by registrar) Registrar	Address January, Md. Date signed 10/30/97



MARYLAND STATE DEPARTMENT OF HEALTH 46 %

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09189 Reg. Diat. No. 223

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county montgomely	2021.22 0 - 9: 10
City or lown. To host of town limits, write RURAL and give nearest town)	
How long in above place of death? 3.0 days.	(if sutside githor town Jimits, write RDNAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 11 John St.
Washington Son + Day	(If rural, give LOCATION)
How long In hospital of Institution? 30 Days	2.(a) If veteran, name war. U old Ub ale 1
3. (a) FULL NAME	3. (b) Social Security Number
me Walter Gouda.	
4. Sex 5. Color or race 6.(4) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white madered	20. DATE OF DEATH October 7 19-17 at 950am
6.(b) Name of husband or wife ada Kathlean Gouda	21. L CERTIFY that death occurrent on the date above stated; that I attended deceased from
A 1/11.1	Deptember 6 1847 10 October 7, 1847
7. Birth date of	and that I last saw h.J.M. alive on Octobel 6, 1947
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days If less than the day	metastatic Cilicinama
83 / I I I I I I I I I I I I I I I I I I	tolively lymph nodes 6-10mo
8. Birthplace London England	Due to Thing Cillingliand
(Town, county, and scarce)	coil Collembona of 1/2 yes
10. Usual occupation nouseand locabete	Due to signaid 5
11, Industry or business	
E 12. Name alended Jouda	Other conditions Vollateral Liponas
12. Name alemold goods 3. Birthplace amsteldam.	(Include pregnancy within 3 months of death)
# 14. Maiden name Elizalane Blowning.	
	Major fiedings of operations.
\$ 15. Birthplace Constellation.	Dale of op.
16. Informant London, 6 ngliud.	Autopsy results
Address	
17 Chemation Date thereof Och 7 1947	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Cleanston, or removal, Which?) Date thereof. Och 7 (947) (month) (day) (year)	Accident, suicide, or homicide
Cemelery or crematory Class Hill Cleans toly	Where did Injury occur?
Location Cedal Hilametaly. 7	Injured at home, farm, Industry, public place (where?)
18. Funeral director, Celethule I Walteles.	Means of Injury Injured at work?
a til K. O.O. O. Dankers & A.	J. O (J A D D)
Address 3 5 7 Ch Cl Ch	23. SIGNATURE M. D. or other
18. OCT 7 1849 HTVUIN COLL	11/2 to the Soula Hate 10/2/47
(Date ree'd by registrar) Registrar	Address Date signed Date signed

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

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PLEASE

OCT 10 '947

BUREAU ? &

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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09190

CERTIFICATE OF DEATH

Reg. Diat. No. 414

X. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	h. o marta
Cily or town	State County
How long in above pice of death?	(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death	Street No. 2001 Par Chruch Icd.
ZOO3 GRACE CHURCH RO	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME · O O	3. (b) Social Security Number
100	ding
4. 5x Wale 5. Color or fact 6.(a) Single, married, widowed, or divorced Wale Wale Wales 1.5x 1.5x	MEDICAL CERTIFICATION 20, DATE OF DEATH 20, DATE OF DEATH 21, 47, 21, 55, M
6.(b) Name of Pushanti of vilete may Gooding	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	18 x 10 18 19 10 19 17 10 10 10 10 10 10 10 10 10 10 10 10 10
7. Birth dato of deceased (mo., day, yr.) Cury 1 1888	and that I last sew notice and all ye on
8. AGE: Years Months Days If less than one day	Immediate cause of death
59 2 21hrsmin.	Cerebral Stemanbage. ; at 14day
s. Birtholace Moderan Va.	Due to.
(Town, county, and state)	
1D. Usual occupation	Due to Clan Certuras elivon
11. Industry or business U.S. e for & Tiff.	Nascular College Zdays.
12. Name dans H Wooding	Other conditions
12. Name Journal Johnson Va	
Eles a Naves	(Include pregnancy within 3 months of death)
E 14. maiden name	Major findings of operations
	Date of op.
16. Informant	Antopsy results.
Address 9512 permote St S.S.k	PLANSICIAN: Please underline the cause to which death should be charged statistically.
17 Bural Date thereof Ox. 25-1947.	22. VIOLENCE: If death was ove to external causes, fill in the following;
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide Dale of
Cemetery or crematory Glenwood.	Where did injury occur?
Location Washington W.Co	Injured at home, farm, Industry, public place (where?)
Walnes & Pumphrey	Means of injury Injured al work?
18. Funeral director.	7/7/0
Address Delive Spring. Mak.	23. SIGNATURE Toward hisrse hur
1. Oct 33 10 17 Josephensen Deliver	me Carroll leve D (1 0 M.D. or other
Rariffred Rariffred	Rate signed

May Cleveland Goodening how white Hardenical 00 :- 4 april as as as a 17.4 and 1 1888 the line being walnut REDORD VERO Men to he was the tree oph - OCT 28 1947 Clean 2 BUREER Ed. L. Secolum Tre downers of 58th Comment occurred have The state of the s

CERTIFICATE OF DEATH

216

	-		CERTIFICATION.	Reg. Diat. No	********************
Y. PLACE OF DEAT				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give regidence of mother)	
County		URAL and give nearest town) : Sda, Md.	State D.C. County Washington (If outside city or town limits, write RURAL and give new Street No. 125 M St., N.W. (If rural, give LOCATION) 2.(a) If veteran, name war.	arest town) •	
3. (a) FULL NAME	GORDON	, Walt	er	3. (b) Social Security	Number
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH	21 : 7 - 1:04
6.(b) Name of husband or	D	Gordo	c) If alive, give ageyears	21. I CERTIFY that death occurred on the date above stated; that I attended dece	ased from 19.47 18.47.
8. AGE: Years 48	Months 9	0ays	It tess than one dayhrs. min.	Bronchoguie Careniona	
10. Usual occupation 11. Industry or business 12. Name	Naval Gu nknown	ın Fact	state)	Due to	2 Mo.
14. Maiden name	unknowr unkno		•	Major findings of operations	
Address 425 1 17	M St., N. rial Arlin rlington, John T. R Eye St.,	W., Wash Oate ther agton Va. nines & S. W.	cdon 1.,D.C. ed	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	(State) . JG. MC. USN or other

information carefully. Interrect age of death clearly and legibly. MARGIN RESERVED FOR BINDING

PLAINLY WITH UNFADING INK. Supply every item of is especially important. Physicians: please write the causes

WRITE

PLEASE

VS A15



2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother) State Maryland County Montgomery City or town Bethesda, Maryland (If outside city or town limits, write RURAL and give nearest town) Street No. Lux Lane (If rural, give LOCATION) 2.(a) If veteran, name war No MEDICAL CERTIFICATION 20. DATE OF DEATH. 21. I CERTIFY that death occurred on the date above stated; that 1 attended deceased from 3 - 0 19 - 7 10 0 - 72 19 - 42
MEDICAL CERTIFICATION 20. DATE OF DEATH
21. I CERTIFY that death occurred on the date above stated; that t attended deceased from 3 -/0 19 47 to 60 -/2 19 47 and that t tast saw h 27 alive on 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Due to.
Dither conditions
(Include pregnancy within 3 months of death) Major fiadiogs of operations Profiled Modernbury - Feb 'Y) Roce of Diffuse Consumations Physician: Please underlief the cases to which death should be charged statistically.
22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide
2

MARGIN RESERVED FOR BINDING



VS A15

age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Reg. Dist. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State May Card County M. order
City or town Mars and War Classification (If outside city or town limits, write RURAL and give nearest town)	5/-12/
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No
	(If rural, give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
loseph le ju	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Made White Dinored	20. DATE OF DEATH Otober 25, 1947 at 12:30 A: M
Ettis Burlette	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from
B.(b) Name of husband or wife	Morenby 71, 1945 to Otoler 1849
7. Birth date of	and that I last saw h/Mallye on
deceased (mo., day, yr.) March 3 - 1864	Immediate cause of death andries charter gangues OURATION
8. AGE: Years Months Days If less than one day	of both legs. I knowns
8 / /hrs,min.	
9. Dirihplace Manager (Town, county, and state)	Oue to the risselection cardiovasculas royland.
	disease
J. Jan.	Due to
11. Industry or business (arm)	
E 12. Name Walliam Steady	Other conditions
13. Birthplace Montgorny & O hand	(Include pregnancy within 3 months of death)
14. Malden name Carafelli Sewart	
15. Birthplace Mostly C.S har	Major findings of operations
92 00 1 9200	Antonsy results.
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Lames Sawy Miles	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal White) (Burial, cremation, or removal White)	Accident, suicide, or homicide
Cemetery or crematory / Jahos	Where did injury occur?
Centerery of Cremany	Injured at home, farm, Industry, public place (where?)
Location	Means of injury Injured at work?
18. Funeral director	21, 9, 10
Address Callondille my	Assola V. Kerr M. U.
10/17/47 Emin OBM	23. SIGNATURE M. D. or other
(Date rec'd by registrar) (Date rec'd by registrar)	Address Date signed 0 77 7 4



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

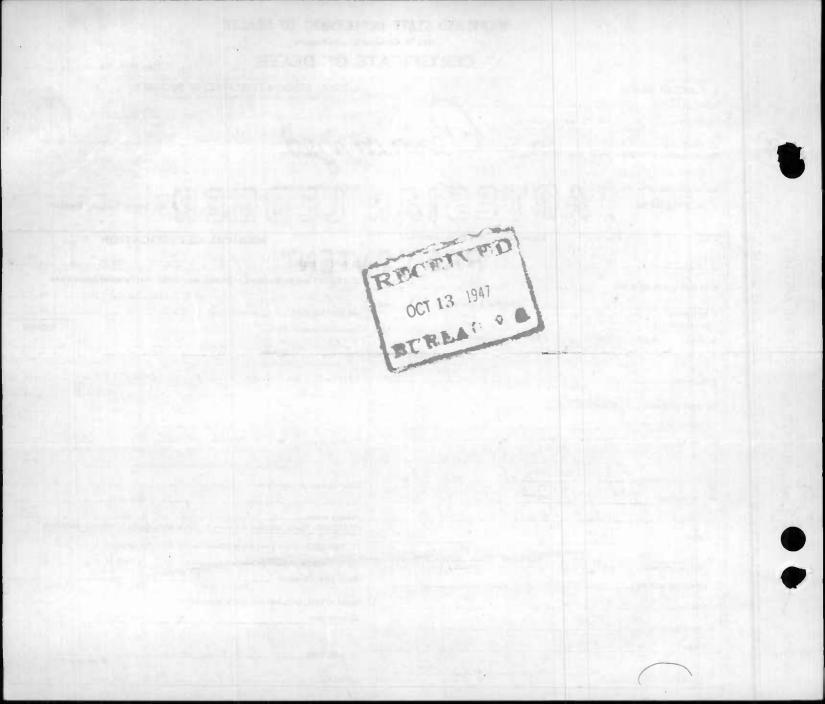
516+ Reg. Dist. No. 2/7

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
ounty. Montgomery	Stote Maryland County Montgomery
y or town (If outside city or town limits, write RURAL and give nearest town)	···
long in above place of death?	City or town
pital, Institution, or street address where death occurred:	Street No. A. F. D. Near Olney
e Montgomery County General Hospital	(If rural, give LOCATION)
w long in hospital or institution? 9 months.	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Nicholas Midgely gr	With.
Sex 5. Color or race 6.(a)Single, married, fildowed for divorced	MEDICAL CERTIFICATION
Male White Single	20. DATE OF DEATH October 5 1947 at 4:30A
	21. I CERTIFY that death occurred on the date above stated; that I attended decessed from
i,(b) Nams of husband or wife	January 4 1947 10 October 5 1947
3. Birth date of	and that flast saw h ind alive on October 5
deceased (mo., day, yr.) Tebruary 18, 1870	Immediate cause of death
B. AGE: Years Months Days It less than one day	Careinomatosis 18 Ma
76 7 16m	ila,
B. Birthpiace Montgomery County, Mary	land Due to Careinema of prostate 34e
(Town, county, and state)	
O. Usual occupation	Due to
1. Industry or business	
12. Name Thomas grays th	Dther conditions
13. Birthplace Montgomery County, Mo	(Include pregnancy within 3 months of death)
14. Maiden name Eligabethe Davis Sixigletox	
	Major findings of operations.
18. Informant frospitol records	Antopsy results
Address	22. VIOLENCE: If death was due to external causes, fill in the tollowing:
17 Burial 1 Date thereof Oct 4 7 1/94	Accident, suicide, or homicide
(Burial, cremation, or removal, Which?) (month) (day) (year)	
Cemetery or erematory	Where did injury occur?
Location Charge Mill of	Injured at home, farm, Industry, public place (where?)
Barber	Moons of Injury Injured at work?
18. Funeral director	hand 1
Address of the many	23. SISNATURE M. D. OF OTHER
19 Och 6 1947 Testudello- Fawt	
(Date rec'd by registrar) Registr	rar Address Sandy Spring, Md Date signed 6/5/4

MARGIN RESERVED FOR BINDING

VS A15

. The correct age legibly.



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

X. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County			
City or town			
How long in above place of death? 13 4CE.	City or town (If outside city or town limits, write RURAL and give nearest town)		
How long in above place or dearn	Street No. Bonifant Rd Leyhill		
TOO PILE TO THE TOTAL THE TOTAL TO THE TOTAL THE TOTAL TO THE TOTAL TH	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
MARY MOLLY HARRELL			
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
f wh. married	Date - 25 1/2 1:450		
	20. DATE DE DEATH. October 21 18 47 ,21 6:45 A M		
8.(b) Name of husband or wife. Ches. I. Harrell	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
76	September 23 1947 10 October 21 1947		
7. Birth date of	and that I last saw h. er alive on October 20 18.47		
deceased (mo., day, yr.)	Immediate cases of death Carcinoma of Colon DURATION		
8. AGE: Years Months Days If less than one day			
76 2 18 ·hrsmin.			
Fair I . Na			
9. BirthplaceFairfax Va	Due to		
he is to			
1D. Usual occupation	Due to		
11. Industry or business			
12. Name Louis Robey	Other conditions Acute cardiac dilitation		
12. Name Louis Robey 13. Birthplace Ja.			
	Broncho-pneumenia. (Include pregnancy within 3 months of death)		
14. Maiden name	Major findings of operations		
14. Malden name Charlette Kitchen 15. Birthplace 14. Malden name Charlette Kitchen	Date of op.		
we c. T Necrell			
to. Intuinant	PHYSICIAN: Please ooderline the cause to which death should be charged statistically.		
Address Layhill - Silver Spring Pet 1, Mal.			
- BORIAL OCT-23-1947.	22. VIOLENCE: If death was due to external causes, fill in the following;		
Burlal, cremation, or removal, Which?) Date thereof. (month) (day) (year)	Accident, suicide, or homicide		
Cemetery expressions DARNESTOWN.	Where did injury occur?		
Location DARNESTOWN - MONTG CO. MD	Injured at home, farm, industry, public place (where?)		
18. Funeral director Warne & Cumphry	Means of Injury Injured at work?		
Address SILVER SPRING - Md	Rulad a Yates m. D.		
	M. D. or other		
19. Oct 21 (Date roc'd by registrar) 19. 47 Septimely Schaeffle	Address RED#3 Kockville Md Date signed 10/21/47		



PLEASE WRITE PLAINLY

VS A:15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltlmore

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6:48A.

CERTIFICATE OF DEATH

Rog, Dist. No.....

1. PLACE OF DEATH: County Montgomery		2. USUAL RESIDENCE (HOME) OF DECEAS. (For newborn infants give residence of mother)				
City or town	Bethesda (ru If outside city or town i	ral)	RURAL and give nearest town)	State	, de a d'a de a d'a de	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Hospital, institution,	or street address where	death accurre	d)	(if outside city or town limits, write RUE Street No. 300 Evens Lane (if russ), give LOCATION	AL and give nea	arest town)
			esda, Md.	(tf rusal, give LOCATION) 2,(a) It veteran, name war		/
3. (a) FULL NA		RISON,	Stanley (n)		iocial Security	Number
4. Sex	5, Color or race	6.(a)Sing	ile, married, widowad, or divorced	MEDICAL CERTIFIC	CATION	
male	W-US		married	20. DATE DF DEATHOctober 19		
6.(b) Name of husb 7. Birth date of deceased (mo., d:		8.	Clizabeth Harrison (c) allve, give ageyeare 1892	21. I CERTIFY that death occurred on the date above stated; the Sept. 22 19. 1.7 to ond that I last saw h. im. alive on 10. Octobe	10 Oct	19. LL
	ears Months	Days 3		Immediata caose of death		
10. Usuat occupation	ew York (Town Instrume Instrume Naval Ot	ent Mak servat	tory	Myorardial Inforct		7da 1/2m
12. Name	England	1	n dec	Biher conditions Hunos tratic Pareum Bedude pregnancy within 3 months of de	ஸ்டி	5dA
至 14. Maiden pa	me MICHAM,	Mary		Major findings of operations		
15. Birthpiace	Mass.				Date of on.	
18. intormani	5. W. A		rison	Autopsy resolts	bore	statistically.
17 buri		Date the	exandria, Va. 10-13-17 (month) (day) (year) Vational	22. VIOLENCE: tf death was due to external causes, fill in th Accident, suicide, or homicide	ne following: . Date of	
			A	Injured at home, farm, industry, public place (where?)		
18. Funeral directo	Lee Funera	al Home	C.M. D.	Means of injury 1. C. Sturius	ured Oork?	
Address 41	th & Mass.,	Ave.,	N.E., Wash., D.C.	H I C STETTENS J.	. Lt.JG	MC USNR
19. 10-1	O 19 47.	Mary	Chalotto Smith	Address USNH Bethesda, Md.		



WRITE PLAINLY, W

MARYIAND	STATE	DEPARTMENT	OF	HEALTH
MAKILAND	DIAIL	DEFARIMENT	Ur	REALIR

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 216

Sounty. Montgomery City or town. Bethesda (rural) Bothesda (rural) How long in above place of death? Hospital, institution, or street address where death occurred: LIS. Naval. Hospital, Bethesda, Md. How long in booyel jaic or institution? 3. months, 26 days 3. (a) FULL NAME HAVEN, Frederick Francis, VAP 4. Sez 5. Color or race 6. (a) Single, married, wildowed, or divorced married 8. (b) Hame of husband or wife Emma M. Haven 5. (c) It alive, give age 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months 69 2 15 hrs. 10. Usual occupation. Retired. — Dureau of Ingraving 10. Usual occupation. Retired. — Dureau of Ingraving 11. Industry or business Government (For newborn infants give residence of mother) State. 9. State. 9. State. 9. State. 9. State. 9. State. 9. County Washington (If outside city or town limits, write RURAL and give nearest town) Street No. 2825 27th, St.e., Na. E.e. (It rural, give JoCATION) 2. (a) If veteran, name war 3. (b) Social Security Number 3. (c) Harles, name war 3. (d) FOLLINAME 4. Sez 5. Color or race 6. (a) Single, married, wildowed, or divorced married. 9. Color or race 10. Date of Death. 10. Cotober 11. October 12. IEERTBY that death occurred on the date above stated: that I attended deceased from 15. June 10. Oct. 11. Immediate cause of death. J. P. P. P. P. L. Color. 12. Immediate cause of death. J. P. P. P. P. L.
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 3 months, 26 days Hospital, institution, or street address where death occurred: US Naval Hospital, Bethesda, Md. How long in hospital or institution? 3 months, 26 days 3. (a) FULL NAME HAVEN, Frederick Francis, VAP 4. Sex
Hospital, Institution, or street address where death occurred: US Naval Hospital, Bethesda, Md. How long in hospital or institution? 3. (a) FULL NAME HAVEN, Frederick Francis, VAP 4. Sex S. Color or race S. (a) Single, married, widowed, or divorced male W-US married 6. (b) Name of husband or wife Emma M. Haven 6. (c) If alive, give age years deceased (mo., day, yr.) 1. Birth date of deceased (mo., day, yr.) 4. Sex S. Color or race S. (a) Single, married widowed, or divorced married 1. CERTIFICATION 20. DATE DF DEATH. 21. I CERTIFY that death occurred on the date above stated; that I strended deceased from June 19. 47, to. 1 Oct. 19. 47 21. I CERTIFY that death occurred on the date above stated; that I strended deceased from 19. 47, to. 1 Oct. 19. 47 21. I CERTIFY that death occurred on the date above stated; that I strended deceased from 19. 47 21. I CERTIFY that death occurred on the date above stated; that I strended deceased from 19. 47 21. I CERTIFY that death occurred on the date above stated; that I strended deceased from 19. 47 21. I CERTIFY that death occurred on the date above stated; that I strended deceased from 19. 47 21. I CERTIFY that death occurred on the date above stated; that I strended deceased from 19. 47 21. I CERTIFY that death occurred on the date above stated; that I strended deceased from 19. 47 21. I CERTIFY that death occurred on the date above stated; that I strended deceased from 19. 47 22. DATE DF DEATH. 23. (b) Social Security Number 24. Sex S. (c) If alive, give age years and that I attended deceased from 19. 47 25. DATE OF DEATH. 26. (c) If alive, give age years and that I attended deceased from 19. 47 27. DATE OF DEATH. 28. AGE: Years Months Days If less than one day I Doct. 29. Birthplace Col. (c) If alive, give age years and that I attended deceased from 19. 47 20. DATE OF DEATH. 20. DATE OF DEATH. 21. I CERTIFICATION 22. DATE OF DEATH. 23. (b) Social Security Number 24. Sex Years And Years and Years and Years and Years and Years and Years
Hospital, Institution, or street address where death occurred: US Naval Hospital, Bethesda, Md. How long in hospital or institution? 3. (a) FULL NAME HAVEN, Frederick Francis, VAP 4. Sex S. Color or race S. (a) Single, married, widowed, or divorced male W-US married 6. (b) Name of husband or wife Emma M. Haven 6. (c) If alive, give age years deceased (mo., day, yr.) 1. Birth date of deceased (mo., day, yr.) 4. Sex S. Color or race S. (a) Single, married widowed, or divorced married 1. CERTIFICATION 20. DATE DF DEATH. 21. I CERTIFY that death occurred on the date above stated; that I strended deceased from June 19. 47, to. 1 Oct. 19. 47 21. I CERTIFY that death occurred on the date above stated; that I strended deceased from 19. 47, to. 1 Oct. 19. 47 21. I CERTIFY that death occurred on the date above stated; that I strended deceased from 19. 47 21. I CERTIFY that death occurred on the date above stated; that I strended deceased from 19. 47 21. I CERTIFY that death occurred on the date above stated; that I strended deceased from 19. 47 21. I CERTIFY that death occurred on the date above stated; that I strended deceased from 19. 47 21. I CERTIFY that death occurred on the date above stated; that I strended deceased from 19. 47 21. I CERTIFY that death occurred on the date above stated; that I strended deceased from 19. 47 21. I CERTIFY that death occurred on the date above stated; that I strended deceased from 19. 47 22. DATE DF DEATH. 23. (b) Social Security Number 24. Sex S. (c) If alive, give age years and that I attended deceased from 19. 47 25. DATE OF DEATH. 26. (c) If alive, give age years and that I attended deceased from 19. 47 27. DATE OF DEATH. 28. AGE: Years Months Days If less than one day I Doct. 29. Birthplace Col. (c) If alive, give age years and that I attended deceased from 19. 47 20. DATE OF DEATH. 20. DATE OF DEATH. 21. I CERTIFICATION 22. DATE OF DEATH. 23. (b) Social Security Number 24. Sex Years And Years and Years and Years and Years and Years and Years
How long in hospital or institution? 3. (a) FULL NAME HAVEN, Frederick Francis, VAP 4. Set
How long in hospital or institution? 3. (a) FULL NAME HAVEN, Frederick Francis, VAP 4. Set S. Color or race S. (a) Single, married, widowed, or divorced male W-US married 6. (b) Name of husband or wife Emma M. Haven Emma M. Haven 7. Birth date of deceased (mo., day, yr.) July 16, 1878 8. AGE: Years Months Days tf less than one day Government 9. Birthplace Col. (Town, county, and state) 10. Usual occupation Retired - Bureau of Ingraving 11. Industry or business Government 3. (b) Social Security Number MEDICAL CERTIFICATION MEDICAL CERTIFICATION 10. October 19. 47 3:45F 20. DATE DF DEATH October 19. 47 10 ct 11. Industry or business Government 3. (b) Social Security Number MEDICAL CERTIFICATION 10. October 19. 47 10 ct 11. Industry or business Col. (a) Single, married, widowed, or divorced MEDICAL CERTIFICATION 10. October 19. 47 10 ct 11. Industry or business Col. (a) Single, married, widowed, or divorced MEDICAL CERTIFICATION 12. October 19. 47 10 ct 13. (b) Social Security Number MEDICAL CERTIFICATION 10. October 19. 47 10 ct 11. Industry or business Col. (a) Single, married, widowed, or divorced MEDICAL CERTIFICATION 10. October 19. 47 10 ct 11. Industry or business Col. (a) Single, married, widowed, or divorced MEDICAL CERTIFICATION 10. October 19. 47 10 ct 11. Industry or business Col. (a) Single, married, widowed, or divorced MEDICAL CERTIFICATION 10. October 19. 47 10 ct 11. October 19. 47 10 ct 12. OATE DF DEATH 10 ct 13. (a) Social Security Number MEDICAL CERTIFICATION 10. October 19. 47 10 ct 11. October 19. 47 10 ct 12. OATE DF DEATH 10 ct 13. (a) Social Security Number MEDICAL CERTIFICATION 10. October 19. 47 10 ct 10. October 19. 47 10 ct 10. October 19. 47 10 ct 11. October 19. 47 10 ct 12. OATE DF DEATH 10 ct 13. October 19. 47 10
HAVEN, Frederick Francis, VAP 4. Sex
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION male W-US married 1 October 19.47 3:45F 6.(b) Name of husband or wife Emma M. Haven 1 October 19.47 3:45F 6.(c) If alive, give age years 1. Description 1. Descripti
male W-US married 6.(b) Name of husband or wife Emma M. Haven 6.(c) If allve, give age years deceased (mo., day, yr.) 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 69 2 15 hrs. min. 9. Birthplace Col. 10. Usual occupation. Retired — Bureau of Ingraving 11. Industry or business Government 20. DATE DF DEATH. 1 October 18. 47 at 3:45F 20. DATE DF DEATH. 1 October 19. 47 at 3:45F 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5 June 19. 47 to 1 October 19. 47. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5 June 19. 47. 10. Usual occupation. Days If less than one day 19. 47. 10. Usual occupation. Retired — Bureau of Ingraving Due to ARTERIOLO NEPIDERO — 5CLEROSIS Due to ARTERIOLO NEPIDERO — 5CLEROSIS Due to ARTERIOLO NEPIDERO — 5CLEROSIS
Emma M. Haven 6.(b) Name of husband or wife Emma M. Haven 6.(c) If allve, give age years 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days tf less than one day HEART DISEASE with 6.(c) If allve, give age years Months Days tf less than one day 6.(c) If allve, give age years 18 47 8. AGE: Years Months Days tf less than one day 6.(c) If allve, give age years 18 47 8. AGE: Years Months Days tf less than one day 6.(c) If allve, give age years 18 47 8. AGE: Years Months Days tf less than one day 6.(c) If allve, give age years 18 47 8. AGE: Years Months Days tf less than one day 6.(c) If allve, give age years 18 47 8. AGE: Years Months Days tf less than one day 6.(c) If allve, give age years 18 47 8. AGE: Years Months Days tf less than one day 6.(c) If allve, give age years 18 47 8. AGE: Years Months Days tf less than one day 6.(c) If allve, give age years 18 47 8. AGE: Years Months Days tf less than one day 6.(c) If allve, give age years 18 47 8. AGE: Years Months Days tf less than one day 6.(c) If allve, give age years 18 47 8. AGE: Years Months Days tf less than one day 6.(c) If allve, give age years 18 47 8. AGE: Years Months Days tf less than one day 6.(c) If allve, give age years 8. AGE: Years Months Days tf less than one day 8. AGE: Years Months Days tf less than one day 8. AGE: Years Months Days tf less than one day 8. AGE: Years Months Days tf less than one day 8. AGE: Years Months Days tf less than one day 9. Birthplace Color 9. Birthplace Color 10. Usual occupation. Retired - Bureau of Ingraving 11. Industry or business Government 12. Industry or business Days 13. Industry or business Days 14. AGE: Years 15. AGE: Years Days 16. AGE: Years 18. AGE: Years Days 18. AGE: Years 19. AGE: Years 19. AGE: Years 20. AGE:
Emma M. Haven 5.(b) Name of husband or wife Emma M. Haven 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5 June 19 47 to 1 Oct. 19 47 10 10 10 19 47 10 10 10 19 47 11 10 10 10 19 19 19 12 10 10 10 19 19 13 10 10 10 19 19 14 10 10 10 19 19 15 June 19 19 19 16 10 10 19 19 17 10 1 Oct. 18 18 18 18 18 18 18 18 18 18 18 18 18 1
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days tf less than one day HEART DISEASE with 69 2 15 hrs. min. CONGESTIVE HEART FAILURE 6 Mos. 9. Birthplace Government Governme
8. AGE: Years Months Days If less than one day HEART DISEASE with 69 2 15 hrs. min. CONGESTIVE HEART FAILURE 6 MOS. 9. Birthplace Col (Town, county, and state) 10. Usual occupation Retired - Bureau of Ingraving 11. Industry or business Government Governm
8. AGE: Years Months Days tf less than one day HEART DISEASE with 69 2 15 hrs. mln. 9. Birthplace Cols (Town, county, and state) 10. Usual occupation Retired - Bureau of Ingraving 11. Industry or business Government 12. Government Government Government 13. Industry or business Government Government 14. Industry or business Government Government 15. Industry or business Government Government 16. Industry or business Government Government 17. Industry or business Government 18. AGE: Years Months Days tf less than one day HEART DISEASE with CONGESTIVE HEART FAILURE Government 18. AGE: Years Months Days tf less than one day HEART DISEASE with CONGESTIVE HEART FAILURE Government 18. AGE: Years Months Days tf less than one day HEART DISEASE with CONGESTIVE HEART FAILURE Government Bue to ARTERIOLO NEPIHRO Bue to Bu
69 2 15 hrs. mln. CONGESTIVE HEART FAILURE 6 MOS. 9. Birthplace
9. Birthplace
10. Usual occupation. Retired - Bureau of Ingraving 11. Industry or business Due to.
10. Usual occupation. Retired - Bureau of Ingraving 11. Industry or business Due to
11. Industry or business Government
11. Industry or pusiness
E 12. Name Differ conditions Diher conditions
14. Maiden name FORD, —— DD Major findings of operations. NONE 15. Birthplace unknown Date of op.
Major findings of operations.
15. Birthplace unknown Date of op.
16, Informant Wife: Mrs. Emma M. Haven Autopsy results. SAME AS ABOVE
Address 2825 27th St., N.E., Wash., D.C.
22 VIOLENCE, If death was due to external causes, fill in the following:
17 burial Date fhereof 10-1-17 Accident, suicide, or homicide. Date of Date of
Cemetery or crematory Fort Lincoln Where did injury occur? (City or town) (County) (State)
Md.
Lucation
18. Funeral director W. CHAMBERS
Address 517 11th St., S.E., Wash., D.C.
Address 17 11 11 11 11 11 11 11 11 11 11 11 11



MARYLAND STATE DEPARTMENT OF HEALTH

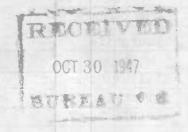
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

	Neg. Dist. No
1. PLACE OF DEATH: 8626 GARFIELD STREET Montgomery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Bethesda, Maryland	State Maryland County Montgomery
City or town. (If outside city or town limits, write RURAL and give nearest town)	State County County Bethesda, Maryland
How long in above place of death?	City or town
Hospital, Institution, or street address where death occurred:	(If outside city or town limits, write RURAL and give nearest town) 8626 GARFIELD STREET, BETHESDA, MD.
8626 Staring St.	Street No
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	
MRS. MARY N. HENNIGH	3. (b) Social Security Number
4. Sex FEMALES. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Widowed	20. DATE DF DEATH OCTOBER 25th, 1947
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I ettended deceased from October 2.5 19 47 to October 2519 47
7. Birth date of deceased (mo., day, yr.) MAY 11th, 1878	and that I last saw her alive on October 35 1947
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
69 5 14	HeAAT Block, complete, Organic 6 MOS.
	-
9. Birthplace (Town, county, and state)	Due to
(Town, county, and state) Housewife	
10. Usuat occupation.	Due to
11. Industry or business	
¥ 12. Name William Niemeier	Dither conditions Hypertension, Vascular 20 years
12. Name	01
	(Include pregnancy within 8 months of death)
14. Maiden name	Major findings of operations
14. Maiden name Sophie Woght 15. Birthplace	Bate of op.
Mr. Vander V. Holcomb	Autopsy results.
16. Informant 8626 GARFIELD STREET, BETHESDA, MD.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Auuress	22. VIOLENCE: If death was due to external causes, fill in the following:
REMOVAL TO WASH. D.C. OCTOBER 26/47 (Burial, cremation, or removal, Which?) Date thereof. (month) (day) (year)	Accident, suicide, or homicide
(Burial, cremation, or removal. Which?) United Interest. (month) (day) (year)	
Cemetery or crematory. They are a family thome	Whera did injury occur? (City or town) (County) (State)
Location Coase ton July	Injured at home, farm, industry, public place (where?)
4 7 - 7 - 7 - 7	Means of Injury Injured at work?
18. Funeral director Office And Augustus 1300 No. STREET AND AUGUSTUS	/ / / /
Address 1300 N. STREET, N.W. WASHINGTON, D.C.	ogene RAticl M.D.
2. FO	23. SIGNATURE 80 M. D. or other
19. Oct 26 19 47 Mm 6 Jacker Registrar	Address Silver Spring, and Date signed Oct 26,194

Supply every item of information carefully. The correct age MARGIN RESERVED FOR BINDING PLEASE WRITE PLAINLY, WITH UNFADING INK.

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PLEASE WRITE

. The correct age legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

216

./					
1. PLACE OF DEATH: County Montgomery City or lown Bethesda (rural) (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: US Naval Hospital, Bethesda, Md. How long in hospital or institution? 1 month, 6 days			2. USUAL RESIDENCE (HOME) OF (For newhorn infants give residence of a state. D.C. Md, Cou Washingto City or town (If outside city or town limits Street No. 4610 Lewis A (If rural, give WW 2)	inty South in South in Write RURAL and give ne venue, S.E.	Laul earest town)
3. (a) FULL NAM		Holton Herman		3. (b) Social Security	Number
4. Sex måle	5. Color or race W-US	6.(a)Single, married, widowed, or divorced married	MEDICAL CE	ertification	10:35P
	May 7.	[ell Hilliard 6.(c) If alive, give age 34 1906	21. I CERTIFY that death occurred on the date abo 9 Sept 19 19 19 19 19 19 19 19 10	47 15 Octo	ber 19 47
8. AGE: Year 9. Birthplace	J.C. (Town,	Bays It less than one day 8hrs. county, and state) tation Operator	Due to.	tuti	olnolof
11. Industry or busines 12. NameHI 13. Birthplace	LLIARD, Th N.C. MALLARD,	omas Hampton dec. Elizabeth	Other conditions		
Address 463 17	LO Lewis Avarial n, or removal. Which? lory. Arlingto rlington, V W. W. CHAM	ll Hilliard e.,S.E.,Wash.,D.C. Date thereof. 10-20-17 (month) (day) (yea n National a. BERS, J. S.E.,Wash.,D.C. Mary Charlotte Smith Re	Antopsy results. PHYSICIAN: Please underline the cause to w 22. VIOLENCE: If death was due to external cau Accident, sutcide, or homicide	Date of op. County) where?) Injured at work?	(State)
19. (Date rec'd by r	7.1.0	Mary Guartocco Sur ou	gistrar Address USNH Bethesda, Md.	Date signed	10-16-47

OCT 20 1947

WRITE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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09200

CERTIFICAT	E OF DEATH Reg. Diat. No. 216
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mather) State
3. (a) FULL NAME HOFFMASTER, Carney Harry L	ester 3.(b) Social Security Number
### ### ##############################	MEDICAL CERTIFICATION 20. DATE DF DEATH October 15 19 47 21 12:08A 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7 October 19 47 15 October 19 47
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	and that I last saw h im alive on 15 October 19 47. Immediate cause of death Thrombonis Coronary Artery 6 luss.
9. BirthplaceMd. (Town, county, and atate) 10. Usual occupation. Retired from Bureau of Census 11. Industry or business Government	Due to Congestive Mart Distance 18 mars
12. Name	(Include pregnancy within 3 months of death) Major findings of operations.
16. Informant Wife: Mrs. Agnes O'D. Hoffmaster Address 413 Hamilton St., N.W., Wash., D.C. 17 burial (Burlal, cremation, or removal, Which?) Cemelery or crematory. Arlington National	Autupsy results. The state of the cause to which death should be charged atatistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location Arlington, Va. 18. Funeral director W. W. CHAMBERS (7/1) Address 1400 Chapin St., N.W., Wash., D.C. 19. 10-15 1947 Charlotte Smith Registrar (Date ree'd by registrar)	Injured at home, farm, industry, public place (where?) Means of injury Injured at work? WDA DINSMORE, ILCDR MC USN 23. SIGNATURE M. D. or other Address USNH Bethesda, Md. Date signed



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MARGIN RESERVED FOR BINDING

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19. / 0/ / 6 (Date rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEAL

2411 N. Charles St., Battimore

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CER	Reg. Dist. No.
A. PLACE OF DEATH;	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County BRAIN; County One 13 - the sala -	Mont comery
(If outside city or town limits, write RURAL and give ne	
How long in above place of death? 6 days	City or town Eaithersburg, Maryland (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred: Suburban Hospital	Street No. No street Number
How long in hospital or institution? 6 days	(If rural, give LOCATION)
3 (a) FILL NAME	2 /1 6 : 16 : 3 1
Hounnd, Geo	5-77-12-0921
4. Sex 5. Color or race 6.(a) Single, married, widowed, o	MEDICAL CERTIFICATION
Male White Widowed	20. DATE OF DEATH. 6ct 13 19 47 at 9.00P
6.(b) Name of husband or wife Cora Howard	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
6.(c) If alive, give age	years and that I last saw h / Calive on 9 c / 3 19 4 7
7. Birth date of	and that I last saw h / Malive on OC/ 3
8. AGE: Years Months Days If less than one of	day DURATION 12 hoth -
60 60 60 0 - hrs.	
Frederick, Maryland	SUNNA PUBLIC CESTODAY
9. Birthplace (Town, county, and state) Printers Helper	Due to Supha public egstatory
1D. Usual occupation. Princers neiper	13 course OF
11. industry or business	CARCHONO OF PROSTATE 1919
Ta. Name George Howard 12. Name Maryland	Other conditions COGSTRUCTION - GREMIA - 1 22-
	(Include pregnancy within 8 months of death)
14. Malden name Lovanna Warner 15. Birthplace Maryland	Major findings of operations CANCINGAO PROSTOTO
16. Interment Miss Dorothy Howard	Date of op. 6 4 13, 4 7 -
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Gaithersburg, Maryland	22. VIOLENCE: If death was due to external causes, fill in the following:
Burial Date thereof (month) (day) (year) Accident, suicide, or homicide
Cemetery or crematory Neelsville Presbyte	rian Chumehold Injury occur?
Location Germantown, Maryland	Cemetery (City or town) (County) (State)
	Means of Injury Injured at work?
Address 7557 Wisconsin Ave., Beth	
- T	
19. 10/16 19 47 9pm E	Registrar Address Rock roll M. D. or other Date signed Cet 14, 194
,	C Mained

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OCT 18 1947

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MARGIN RESERVED FOR BINDING

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

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09202

CERTIFICATE OF DEATH

Piet No. 218

1. PLACE OF DEATH: County	State		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Widower May W Howes	2D. DATE DF DEATH		
7. Birth date of deceased (mo., day, yr.) May 11 1890	and that I last saw halive on		
8. AGE: Years Months Days If less than one day 1890 57 5 6	Immediate cause of death DURATION .		
9. Birthplace	Due to		
12. Name John Howes 13. Birthplace Md •	Other conditions		
Helen Gaithers 14. Maiden name Md, 15. Birthplace	(Include pregnuncy within 8 months of death) Major findings of operations		
16. Informant Lee M. Howes Address Washington Grove. Md,	Autopsy results		
Burial (Burial, cremation, or removal, Which?) Cemetery or crematory. Forest Oak Cometery. Go ith complement Med.			
Gaithersburg Md, 18. Funeral director Ernest C. Gartner Gaithersburg. Md,	Means of Injury trijured at work? Frank J. Bronchart M. J.		
19. Out. 17 19H1 alreda & Corke (Date rec'd by registrar) (Bate rec'd by registrar)	23. SIGNATURE M. D. or other Address Gainfland M. D. or other Bate signed 2-17-4-7		

CCT 22 1947

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09203 Reg. Dist. No. 2/2

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County An only only			
(If outside city or town limits, write RURAL and give nearest town)	State County County State At Agents was de train		
How long in above place of death? 46 equs.	City or town (If outside city or town limits, write RURAL and give near	rest town)	
Hospital, institution, or street address where death occurred:	Street Ne	**********	
	(If rural, give LOCATION)		
How long in hespital er institulien?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security 1	Vumber	
Sarah Jussell Hoyle			
4. Sex 5. Celer er race 6.(a) Single, married, widewed, er dvorced	MEDICAL CERTIFICATION		
F W married	20. DATE OF DEATH. October 19th. 19 47	at 9:10 Am	
8.(b) Name of husband or wife.	21.1 CERTIFY that death occurred on the date above stated; that I attended decea November 17th, 19 46 to October		
7. 6irth date of	and that I last saw h. er alive on October 18th.		
deceased (me., day, yr.) 7 8 17 - 1875		DURATION	
8. AGE: Years Months Days If less than one day	Immediate cause of desth	12 hours	
72 8 2hrsmin.			
9. Birthplace Mercura (Town, county, and state)	xxx Primary attack, Nov. 17,	1946	
10. Usual occupation Hores allevile			
11. Industry or business	Due te	***************************************	

12. Name Carnes Toursell 13. Birthplate Vio Civil	Other cenditiens	***************************************	
H 14. Maiden name U. L. Gordser	(Include pregnancy within 3 months of death) Major fiedings of sperstions.		
14. Maiden name 114. Constitution of the state of the sta	Major hedings of eperstions		
18. Informant	Antopsy results		
	PHYSICIAN: Please underline the cause to which death should be charged a		
Address	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burial, cremation, or removsl. Which?) Date thereot (month) (day) (year)	Accident, suicide, er homicide		
Cemetery or crematery	Where did injury occur?	(04-4-)	
130-0001=000 N-D	(City or town) (County)		
Location	Means of injury injury, public place (wherer)		
18. Funeral director Diller	means of mary		
Address Samesville, md.	COXI Couly		
19. Oct 20 1947 Mrs. C.C. Hilton		other 10/20/47	

MARYLAND STATE DENAMERATION DESCRIPTION OF DESCRIPT

OCT 24 1947

Twin#2

(Date rec'd by registrar)

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

100		CERTIFICATE OF	F DEATH	Reg. Dist. No.
on carefully the co	County	State City or the Clown Rd. Street M.	(If outside city or town limits, wri	ite RURA, and giv nearest town)
ormatio death	3. (a) FULL NAME IN RANT	Nud	dleson (win 3)	B. (b) Social Security Number
causes of	9nale white 6.(a) Single, marrie	d, widowed, or divorced	MEDICAL CERT of DEATH OCHOBER 19	il. des a
Supply every it	7. Birth date of deceased (mo., day, yr.) Oct-17, 19	e, give age years 2 4 2 and that Immedia hrs. 45 min.	RTIFY that death occurred on the date above state cause of death. I last saw h	
ADING INK Physicians: 1	10. Usual occupation	Huddle 50 n		
UNF tant.	13. Birthplace Gashington, D.	C. Bueck	(Include pregnancy within 3 month	
- >	15. Birthplace The Transfer	Autopsy PHYSIC	resolts	death should be charged statistically.
E PLAINLY, is especially	Address 11. CREMATION DE CREMATION D'AIR (Burial, cremation, or removal. Which?) Cemetery or crematory	(month) (day) (year) Accident	DLENCE: tf death was due to external causes, , suicide, or homicide	Date of
SE WRITI	Location 8600 04D George to 18. Funeral director		at home, farm, industry, public ptace (where?	
PLEAS	19. 10/23 19.47 Nove	E. Itel 23. 516	NATURE SI HINGE	M, D, or other

Registrar

OCT 25 1947

Twin # 1

MARYLAND STATE DEPARTMENT OF HEALTH

2411

N. Charles St., Baltimore	
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09205/

CERTIFICA	TE OF DEATH Reg. Diat. No.
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give pesidence of mother) State County
3. (a) FULL NAME Infant (male) \$1	Huddle Son. 3. (b) Social Security Number
4. Sex 5. Color or rate 6.(a) Single, married, widowed for divorced MAle white Infant 6.(b) Name of husband or wife	MEDICAL CERTIFICATION 20. DATE OF DEATH. Delta Dely 19. 30 A 21. I CERTIFY that death occurred so the date above stated; that I attended deceased from 19. 7. 19. 7. 19. 7. 19. 7. 19. 7. 19. 7. 19. 7. 19. 7. 19. 7. 19. 7. 19. 7. 19. 7. 7. 19
7. Birth date of deceased (mo., day, yr.) OCHORER 17. 1947 8. AGE: Yeare Months Days if less than one day 1.0	and that I last saw h/M. alive on Oct 18 19.17. Immediate cause of death Catalana DURATION June
10. Usual occupation. 11. Industry or business 12. Name. Charles Hayvey Huddle 511	Due to
13. Birthplace Washington O-C Bull 14. Malden name Belty June Evelyn Boech 15. Birthplace & A Crisse, Wisconsin.	(Include pregnancy within 3 months of death) Major findings of operations
Address 17. (Burfal, cremation, or removal, Which?) Cemetery or crematory.	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VtOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location Suburban Ho Spiral OF 18. Funeral director AB: Bettes DA 14, MD	injured at home, farm, industry, public place (where?) Means of injury 1njured at work?
19, 10 23 (Date rec'd by registrar) 18 #7 Mass 4 Property Registrar	124 Marchael acc

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

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PLEASE

OCT 25 1947
BUREAU O A

2411 N. Charles St., Baltimore

09206

CERTIFICA	TE OF DEATH Reg. Dist. No
1. PLACE OF DEATH: County Montgomery Potomac, Maryland City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: Rest Home How long in hospital or institution? 3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother) State. Maryland county Montgomery City or town. Ashton, Maryland (If outside city or town limits, write RURAL and give nearest town) Street No
HUETTE, GUSTAVE	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH 12 SCS 1947, 21 6 P.
8. AGE: Years Months Bertha Karste deceased S. (c) If alive, give age years Days If less than one day Arste Arste Jecased Jeca	Immediate cause of death Claude Canadistant Heart Jacks Hary
9. BirthplaceSheboygan, Wisconsin 10. Usual occupation Manufacturer, Furniture 11. Industry or business 12. Name Germany 13. Birthplace Sheboygan, Wisconsin (Town, county, and atate) Furniture 14. Name Germany	Due to Change Helium 250 Due to Change Helium 200 Du
14. Maiden name Marie ? 15. Birthplace Germany	(Include pregnancy within 3 months of death) Major findings of operations
Address Ashton, Maryland 15 Shipment 16 Shipment 17 Shipment 18 Gurial, cremation, or removal, Which?) Cemetery or crematory, Wildwood Cemetery Location Sheboygan, Wisconsin 18 Funeral director, Completely Address Bethesda, Maryland 19 George Completely	Actopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Ine correst is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

PLEASE



CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: Mm Ta	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Mangland County Monty
Cily or lown(If outside city or town imits, write JURAL and give nearest town)	11:00
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
How long in above place or death?	
800 Pershing Dr.	Street No. 8.00 (If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war. no
3. (a) FULL NAME	3. (b) Social Security Number
David J. Thigher	none
4. Sex 5. Color or race 6.(α) Single, married, widowed, of divorced	MEDICAL CERTIFICATION
male white widowed	20. DATE DE DEATH COST // 1966.7 , at / 2: 05 F
6.(b) Name of hystolicit wifeFlorence	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	DAP 19. 19. 10. 19.
7 Right date of	and that I (dist saw hallve on
deceased (mo., day, yr.) March 20th. 1863	Immediate cause of death
8. AGE: Years Months Days Illess than one day	
84 6 21hrsmin.	Cerebral humantage
honuland	the standard
9. Birthpiace Maryland (Town, county, and state)	Due 10.
10. Usual occupation Guard	The stand
1D. Usual occupation.	Due to
11. Industry or business Corcoran Art Gallery	
12. Name Frank HUghes 13. Birtholace Maryland	Dther conditions
13. Birthplace Maryland	
K The law attent	(Include pregnancy within 3 months of death)
14. Maiden name Unknown 15. Birthplace Unknown	Major findings of operations.
\$ 15. Birthplace Unknown	Date of op.
16. Informant Mr. Fred J. Hugges, Sr.	Antopsy results
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 800 Pershing Drive.	22. VIOLENCE: Il death was due to external causes, lill in the following:
Burial (Burial, cremation, or removal, Which?) Oate thereof 10/15/1947 (month) (day) (year)	Accident, suicide, or homicide.
Cemetery or crematory Andrews Chapel	(City or town) (Country) (State)
Location Fairfax Co. Wredia.	Injured at home, farm, Industry, public place (where?)
the last of	Means of Injury Fall Injured at work? hv
18. Funeral director armov lumphor	media of triply
Address Silver Spring, Md.	Thank J. Broschart M. W.
Mulicos DITAGI DI TOTA	23. SIGNATURE M. D. or other
19 Oct 13 1847 Josephine m Ochaly	
(Date ree'd by registrar) Registrar	Address Janke Land Date signed O-11-4

BINDING

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MARGIN RESERVED

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The cor	1. PLACE OF DEATH:				
9/6	County Mong	oner			
学 语	83.77.6	Alex 7	1.0		
(1)	(If outside city of town limits, write RURAL and give nearest town)				
d d	1				
물로	How long in above place of death?				
v e	Hospital, institution, or street address	where death occurred;	Sulmer		
122	Hospital -	8600 00	of Jeorgelown		
ea	201 Miles	pla, m			
60	How long in hospital or institution?	Deriver Commercial	00 9 19,1947		
tat	3. (a) FULL NAME				
ea H	T 2	1.4			
information carefully. The	J. 13 ac	on 14	yall		
ਰ ਹੋ	4. Sex 5. Color or ra	e 6.(a)Single	(glarried, widowed, or divorced		
2 52			- ^		
Se	male whi	te /	narred.		
tem of	1	, 0 0	7/		
ite o	8.(b) Name of husband or wife	heah	Again		
he	O.(O) Hame of Husband of Miletiment		0		
t	***************************************	8.(c) If allve, give ageyears		
te	7. Birth date of	- 8 2 3	1494		
Supply every item of information carefully. ease write the causes of death clearly and l	deceased (mo., day, yr.)	w. 27	1007.		
[d	8. AGE: Years Months	Oays	If less than one day		
ADING INK. Supl Physicians: please	63 le	12	hrs. min.		
N 80	43	110			
, E	Dola	wore			
INK ans:]	9. Birthplace	Town, county, and s	tate)		
fi g	0 1	to 183	tared)		
D:3	10. Usual occupation	100			
Z.g	46 to do tour on horstones				
Dy	11. Industry or business	4.7	44		
A. P.	별 12. Name	e by	w		
1	5	0000	4		
WITH UNFADING important. Physicis		run			
- 13	14. Maiden name	a D	arlow		
田 8	E 14. maiueil name	Λ.	0		
WITH	≥ 15. Birthplace	De	lawore		
	7 7	1017	1-1-12		
1,4	16. Informant	near 1	- ya		
WRITE PLAINLY, is especially	Address 8003 200	to a	Silver Sming		
2 %	Address 8 0 0 3 Co	an an	2 no!		
A]	12 Ade 3118	Date there	Oct 18,1947		
٥١	(Burlal, cremation, or removal.)	Which?)	(month) (day) (year)		
13.1	2	1.00 W	-00		
	Cemetery or crematory				
5	Wa	insolve	ro Ha		
N N	Location				
	11/109	1. 119	rove.		
田	1B. Funeral director	101	11 10		
VI VI	Address 27 Ma	Let XV	1. Journesbord 19		
PLEASE		14 41	7 2 2		
H	. 1115	17	MM 6 toles		
14	(Date pec'd by registrar)	7.7	Registrar		
	, and you and any				

State Maryland County Montgome	y
City or town (If ontside city or town limits write RURAL and give pearest town)	• • •
greet No. 8083 Zastern and	****
2.(a) If veteran, name war	
3. (b) Social Security Number	
MEDICAL CERTIFICATION	0
20. DATE OF DEATH. Ott. 15 19.4.7 at 3:28	M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
march 19.43 10 oct . 15 19.4	7
and that I last saw h and allive on Oct. 15 18.4	
Immediate cause of death OURATIO	N
Oue to Coronay atterioslession	
Due to	
Other conditions Generalized arterio -	**********
selesas Cerhosis of lives	******
Dielettade pherpancy with then the of dath)	
Major findiogs of operations Chelethias Date of op 194	7
0. 1	
Autopsy resolts	*
22. VIOLENCE: It death was due to external causes, fill in the following:	
Accident, suicide, or homicide	
Where did injury occur?	
Injured at home, farm, industry, public place (where?)	
Means of injury Injured at work?	
has in a land	۵
23. SIGNATURE MARION Banched M. D. or other	
Address Date signed 10/15/	17

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

rect age

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Jobes: 5/2 maple Ridge

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09203

Reg. Dist. No. 223 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: (For newborn infants give residence of mother) Thinky mue years, (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?.. Hospital, institution, or street address where death occurred: (If rural, give LOCATION) How long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number HERMAN JAKOBSSON MEDICAL CERTIFICATION 4. Sex 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from > Oak 1947 102300X. 6.(c) It alive, give age ... 7. Birth dale of Jet. 16, 1860 deceased (mo., day, yr.) DURATION If less than one day Months Days 8. AGE: Years 9. Birthpiace (Town, county, and atate) 13. Birthniace (Include pregnancy within 3 months of death) 14. Maiden na 15. Birthplace Major findings of operations. PHYSICIAN: Please underline the cause to which death should be charged statistically Address 22. VIOLENCE: It death was due to external causes, till in the tollowing (month) (day) (year) Accident, suicide, or homicide..... Where did injury occur? (County) (State) (City or town) Injured at home, farm, industry, public place (where?) injured at work? Meens of injury

Registrar

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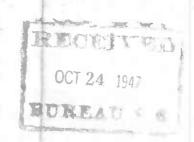
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09210 Reg. Dist. No. 216

1. PLACE OF DEATH: Transfer of	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Marulan & County Montgomery
City or town (tf outside city of countings, with wo wil and give nearest town)	City or town (11 outside city or town limits, write ktownt and give gearest town)
How long in above place of death?	(Irwatside city of town limits, write RUMAL and give acarest town)
Sulyaban Holpilas	National Street No
How long in hospital or institution?	2.(a) It veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Mrs-Elmabeth Janes	1 None
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temale white without	20. DATE OF DEATH. Oct - 21, 19 47, 21 10 P.M.
6,(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	September 19 100 ct 21 1847
T. Birth date of deceased (mo., day, yr.) Marchy 15, 1889	and that I last saw her alive on
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
38 / 6min.	
9. Birthplace Pusting (Town, county, and state)	Due to
1/2 1/2 2 2 1/2	
10. Usual occupation	Due to
11. Industry or business	Other conditions
12. Name Abraham Ochemuna 13. Birthplace RILANIA	
10000	(Include pregnancy within 3 months of death)
14. Malden name Estilla, Billuan.	Major findings of operations
7 1 to 1 can)	Date of op.
The state of the s	Autopsy results
Address 20/22/47	22. VIOLENCE: It death was due fo external causes, fill in the tollowing;
(Burial demation or removal Which?)	Accident, suicide, or homicide
Cemetery or crematory Chicago, Illinois	Where did injury occur?
Location Chicago, Illinois	Injured at home, farm, Industry, public place (where?)
18. Funeral director Workenbern Tumpkrey	Msans of injury Injured at work?
Address Bethesda, Maryland	1 / Les Lo mm
ala 3 a 0	23. SIGNATURE. M. D. or other
19. 10/2 7 1947 Jim 6 Gross	address Bethender. Bate signed 10-42-47.



PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1246

09211

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) ((For newborn infants give residence of	OF DECEASED:	
county Montgomery			``````	State D.C. Co		
Cily or town Bethesda (rural) (If outside city or town limits, write RURAL and give nearest town)		Washington				
Now long in above place	e of death?	6 days		City or town (If outside city or town limi	ts, write RURAL and give nearest town)	
Hospital, institution, o	r street address when	e death occurred		Street No. 637 Q St., N.W.		
US Naval	Hospital.	Bethes	da.Md.	(If rural, give LOCATION)		
How long in hospital or institution?				2.(a) If veteran, name war.		
3. (a) FULL NAM	jone:	S, Horac	ce Clark		3. (b) Social Security Number	
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
male	Col-US		married	20. DATE OF DEATH October	c 20 19 47 at 12 P	
6.(b) Name of husband	. Ien	a Jones		21. I CERTIFY that death occurred on the date at		
6.(b) Name of husband	or wife		•••••••	O-4 71.	47 to Oct. 20 19 47	
7 Pinth data of) If alive, give ageyear	and that I last saw h im alive on	20 October 19 47	
deceased (mo., day,	yr.) Octo	ber 2,	1886	Immediate cause of death		
8. AGE: Year	e Months	Days	if lese than one day	_	4	
61	LO	18	hrs,min	(May Many 10	un aux depice Poer	
N.	C					
9. Birthplace	(Town	n, county, and s	tate)	Due to.		
th thurst accumulation	unemploy	eed		C1215/101	- Tisles	
				Due to		
11. Industry or busine			Y			
별 12. Name회		n	dec	Dther conditions		
13. Birthplace	N.C.	1 - 1		(Include pregnancy within 3	months of death)	
14. Maiden name	NAPTHA.	Susan	dec.	9		
TO .	N O	12.64		Major findings of operations		
≥1 15. Birthplace	Neve				Date of op.	
16. Informant Wil IC	: Mrs. Le	na Jone:	5	Autopsy results	ove	
Address 637 Q St., N.W., Wash., D.C.			.,D.C.			
				22. VtOLENCE: if death was due to external ca		
(Burial, cremation	n, or removal. Which	Date there	10-23-47 (month) (day) (year)	Accident, suicide, or homicide	Date of	
Cemetery or cremat	ory Arli	ngton N	ational	Where did injury occur?	(County) (State)	
Cemetery or crematory Arlington National			2 /	Injured at home, farm, Industry, public place		
Location Arlington, Va.			En S	Means of injury	tnjugg at work?	
18. Funeral director	W. ERNEST	JARVIS	My.	. Means of injury	1	
Address 1432	U St., N.	W., Wa	sh. D.C.	22 SIGNATURE	Market in	
10-20 17 man to allerson			C. Pattorson		MITH, car, MC USN	
19. 10-20 19.47 Mary C. Patterson Registrar			y a Latuers Off	USNH Bethesda, Mo	d. Date signed 10-20-47	

RECEIVED

OCT 24 1947

CONTRACT OF A

1. PLACE OF DEATH:

WITH UNFADING INK. Supply every item of information carefully. The correct age important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

PLEASE WRITE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH 932

1 2. USUAL RESIDENCE (HOME) OF DECEASED:

09212 Reg. Dist. No. 223

County MONTGOMERY			(For newborn infants give residence of mother)	
City or town TAKOMA PARK MARYLAND. (If outside city or town limits, write RURAL and give nearest town)		MARYLAND mlts, write RURAL and give nearest town)	State MARYLAND COUNTY MONTGOM	1
How long in above place of death? 7 4 69 45		ears.	City or town BETHESDA. (If outside city or town limits, write RURAL and give n.	earest town)
Hospital, Institution, or street address where death occurred:			Street No. 4402 Bywood Lane.	
WASHINGTON SAN + HOSP.			. (If raal, give LOCATION)	
How long in hospital	or institution?1.3	days 21 hrs 10 min	2.(a) It veteran, name war	
3. (a) FULL NAM		VC 40	3. (b) Social Security	Number
4. 3ex	5. Color or race	KELLAR 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
MALE	WHITE	MARRIED	20. DATE OF DEATH October 21 19 47	1205 PM
		EDNA A. KELVAR 6.(c) If alive, give age 7.0 yea	21. I CERTIFY that death occurred on the date above stated; that I attended dec AUCUST 12 19.47 to OCTOBE and that I last saw h. I.M. alive on OCTOBE 21	R 21 19.4.7
deceased (mo., day	Yr.) MARCI	4 11, 1871	Immediate cause of death	
8. AGE: Yea	rs Months	Days if less than one day	Ostarios censtre Heart	
76	7	10hrsml		
9. Birthplace	PEORIA (Town,	TL L INO (5 county, and state)	Due to Corrary acting Achiron	3 YEARS
		APHIC WORKER (CIVILIA	Due to. artistica classica	10 YEARS
	ess NAVV			***************************************
12. Name	AMES G	KELLAR	Other conditions agotania	2 WEEKS
		ILLINOIS	(Include pregnancy within 3 months of death)	
当 14. Malden nam	HARRIET	TE CALLISCA HUMASO , , LLINOIS KELVAR	(Include pregnancy within 3 months of death) Major findings of operations	
E 15. Birthplace	PEORIA	LAKINOIS	Date of on.	
18 Intermed M	S. F. DNA	KELLAR	Autopsy results. Novie	
10.1	_		PHYSICIAN: Please underline the cause to which death should be charged	statistically.
		ood Lane	22. VIOLENCE: It death was due to external causes, till in the tollowing;	
17. Bur	ial 0	Date thereot	Accident, suicide, or homicide	
Cemetery or crema	tory Rock C	reek Cemetery	Where did injury occur?	(State)
LocationW.a	shington.	D. C.	Injured at home, tarm, Industry, public place (where?)	
	2 12	veu's Wm. Reuben	Mssns of Injury Injured at work?	
18. Funeral director.		J 2 1 1 101		
10		ave Betherda Md	106 and Cay are. M. D.	or other
19. (Date rec'd by	2 2 19 4 7	7 J J J J J J N O G	Address Balles da Way and Date signed	001.22, 114



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

94a

Reg. Diat. No.

1. PLACE OF DEATH: MO. To	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m	DECEASED:
County	State Manyland Cour	M. T.
(If outside city or town Houts, write NUKAL and give nearest town)	11:0000	1 -1
How long in above place of death? 7 %	City or town(If outside city or town limits,	write RURAL and give nearest town)
Hospital, Institution, or street addrees where death courred:	Street No. 97/8 Colle	rde and
JII aasaa A	Marial, give I	OCATION)
How long in hospital or institution?	2.(a) If veteran, name war. None	
3. (a) FULL NAME		3. (b) Social Security Number
John James Knigh	7	none
4. Sex Solor or race Solor or race (a) Single, married, widowed, or divorced	MEDICAL CE	RTIFICATION
male while manied	20, DATE OF DEATH Det 27	19 47 at 3:04 A N
6, (b) Name of hueband or wife Eller a Knight	21. I CERTIFY that death occurred on the date above	
	Ded mad Can 19	, to
7. Birth date of S. (c) If alive, give age years	and that I last saw halive on	V 64
deceased (mo., day, yr.) James 12 1878	Immediair cause of death	
8. AGE: Yeare MoAths Days If lese than one day	Cormany orches	
69 04 137hrsmin.	1	- 1
9. Birthpiace	Que to.	a 0
(Town, county, and stafe)		
10. Usual occupation. Reliand medicalesta	Que to	
11. industry or business police officer		
12. Name C Kangary 13. Birthplace Deland	Other conditione	
3. Birthpiace / Seland		
# 14. Maiden name Budget Kelley	(Include pregnancy within 8 me	ontha of death)
14. Maiden name Bridget Kelley 15. Birthplace Prelocus	Major findings of operations	
- A - A - A - A - A - A - A - A - A - A		Date of op
16. Informant lefters R. Wellington	Antopsy results	
Address 212 Transille Sa Selver Sping Med	PHYS1C1AN: Please underline the cause to whi	ch death should be charged statistically.
11-20 A7	22. V10LENCE: If death was due to external cause	es, fill in the following;
(Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?)	Accident, suicide, or homicide	Date of
Cemetery or crematory Ledas Hill Cemelyns	Where did injury occur?(City or town)	(County) (State)
Location Suitland and . Prince George Co,	Injured at home, farm, Industry, public place (who	
11, 891, 2/2 00	Meene of Injury	tnjured at work?
Address 2901 14 St. n. 20.	Fred 2. B	reschart M. U.
Audress 240/17	23. SIGNATURE	M. D. or other
19. Oct 27 10 47 Josephunder Charfe	es est	hal note almost 14 27. V

OCT 30 1947

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICAT	TE OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Manual County Mind and County City or fown (if outside eity or town limits, write RURAL and give nearest town) Street No. Manual City or town if the county of t
3. (a) FULL NAME Infant Boy Koche	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Style, married, widowed, or divorced Single 5. Single 6.(b) Name of husband or wife	MEDICAL CERTIFICATION 2D. DATE DF DEATH 21. I CERTIFY (that death occurred on the date above stated: that I altended deceased from
7. Birth date of deceased (mo., day, yr.)	and that I last saw h. Associative on Olf J. 19.47.7.
8. AGE: Years Months Days If less than one day Viable Heart beat	Due 10.
12. Name Soon Rhom Charles Koche R 13. Birthplace Marundall Cann 14. Maiden name Ruth Class Journa 15. Birthplace When Class Journa Locales	(Include pregnancy within 3 months of death) Major fiudiugs of operations
Address Contain Canada Contain	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
19. 10/22 19 4.7 Mm E John Registrar)	23. SIGNATURE M. D. or other Address. Kochwill Med. Date signed 0/21/4

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OCT 24 1947

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PLEASE WRITE PLAINLY is especiall

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MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 157

09215

CERTIFICATE OF DEATH

PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)
byty Mary garnery Co.	
(if outside city or town limits, write RURAL and give neurest town)	State Md County Montgomery
low long in above place of death?	City or town. Jakoma Tark , (If outside city or town limits, write RURAL and give nearest town)
dospital, institution, or stypt address where death occurred	1/22 Band Consum
· Wash - Son & Desp	Street No. 403 (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Charles Edward hand	.40
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white Single	20. DATE OF DEATH COST 28 19 47 at 10 35 N
8.(b) Name of husband or wife	21. I CERTIFY that dealboccurred on the date above stated; that I attended deceased from
	0. 0+26 19 47, 10 Getra 1847
7. Birth date of	and that I last saw harmoure on Oct 28-19-47
deceased (mo., day, yr.) R ACE. Years Months Days If less than one day	Immediate cause of death
8. AGE: Years Months / Days If less than one day	
hrsml	in allelectors of drawn , same
9. Birthplace Takoma Parke	Oue to
(Town, county, and atute)	Con-quilal Heart
10. Usual occupation	Oue to
11. Industry or business	- Import Celas Baselofment
12. Name Edwin 43 o.de Land	··· Other conditions
13. Birthplace Men Bern, M.C.	
# 14. Maiden name Cathier the June Holcman.	(Include pregnancy within 3 months of death)
6	Major findings of operations.
El 15. Birthplace	Date of op.
16, Informant So: Nr. Sault	Autopsy results
Address O San Ragords.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Porcials Oate Thereof Oct - 79-1947	22. VIOLENCE: It leath was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Oate Thereof (month) (day) (year)	Accident, suicide, or honicide
Cemetery or commander of Commeler of	Where did injury occur? (City or town) (County) (State)
Location Med Sto	Injured at home, farm, industry, pub place (where?)
(This To a Man)	Msans of Injury Impared at work?
18. Funeral director	1 0
Address 154 Carrall + 1/91 for	23. SIGNATORE Found I wave him
19. Oct 29,8 47 At 1000 Oal	M. D. or her
(Date rec'd by registrur) Registr	Tar Address Oate signed

as the material 400 born I want i would O. 4 11 11 12 12 Strange Strange of Name The second of the second of the TRECERVES! OCT 31 1947 a fing to the Burely and or and because which i D. 19 was 3 4. 318 Seales of and Commence 2. 1 . 900 A STATE OF THE PARTY OF THE PAR

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

CERTIFICATE OF DEATH

69216 Reg. Diat. No. 223

) /	Reg. Diat. No. An.
Y. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
ounly nenta oner	(For newborn infants give residence of mother)
Liked P. A. 12 ml.	State Pennsylvania County
or town. (If outside city or town limits, write RURAL and give nearest town)	
ong in above place of death? 1 Month	City or town Transport Town limits, write RURAL and give nearest town)
Ital, Institution, or street address where death occurred:	Street No. 122 Penn. Que.
Vashinaton Sanitarium no tlaspital	(If rural, give LOCATION)
long in hospitator institution? 2 dd 13	2.(a) If veteran, name war
(a) FULL NAME	3. (b) Social Security Number
Miss Rett howarton	
Fema 5. Color of face 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male lutite dingle	20. DATE DF-DEATH. 10/8/1947 21 2 A
A LEE WAY BY LEVE	21. I CERTIFY that death occurred on the date above stated; that I allended deceased from
(b) Name of husband or wife	Tit 6 1947 10 Get 78 194
	ars
Birth dale of deceased (mo., day, yr.) Yourmber 11 1927	
AGE: Years Months Days If less Ihan one day	Intracellate cause of death
Add:	Mailed Central Edena 4
	n. Compared to the second
Birtheless Philadelphia Penna.	Bue to.
Birthplace Philadelphia (Town, county, and state)	
D. Usual occupation.	
	Due 10
1. Industry or business	
12. Name Coward S. howton	Diher conditions Carder vasculer facility
13. Birthplace Panasylvania	
14. Maiden name Sombie Sparling	(Include pregnancy within 3 months of death)
	Major findings of operations.
15. Birthplace Canada	Dale of on.
5. Informant Mrs Stevens	Aotopsy resolts bove tobe oblamed loter
1 . 0	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Coll Carroll Que Tatama Tart M.	22. VIOLENCE: If health was due to external causes, fill in the following:
Buriel Rale therent Och. 11, 1947	
(Burial, cremation, or removal, Which?) Dale thereof (month) (day) (yesr)	Accident, suicide, or handelde
Cemetery or crematory	Where did Injury occur? (City or town) (County) (State)
Localion de La Company	
B. Funeral director Museur Mallers	Meane of Injury
A TO THE	
Address 15H carroll Il - taxona facili.	1 3 SIGNATURE Forward / More hur.
n + a la (ITI III de 1) 5	A 23. SIGNAFONE
9 000 9 19 41 77 1011111000	at Top Carroll Ceve Taliona Paul and M. D. or offer / 4

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

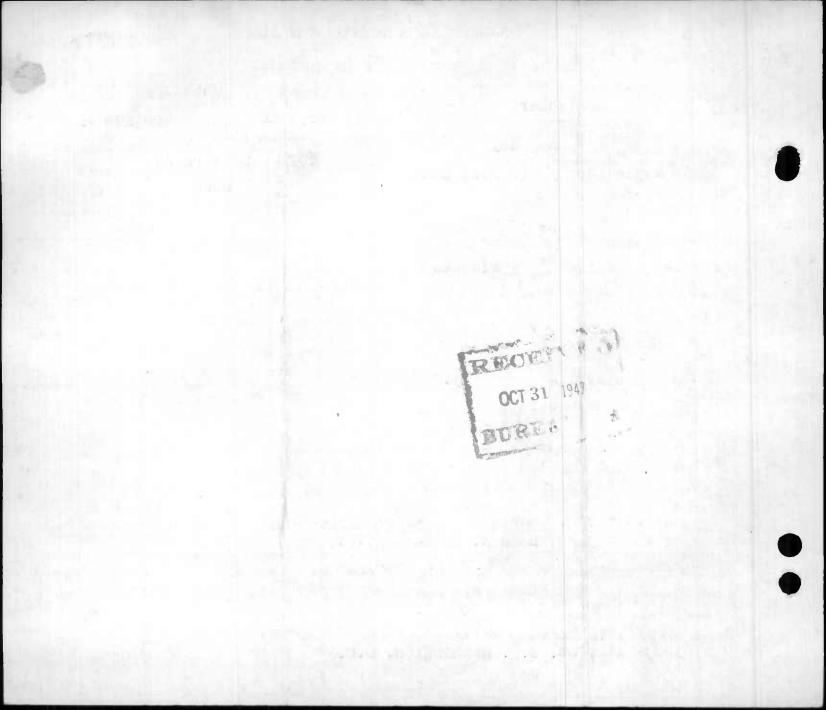
830

09217

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: Montgomery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)
City or town. (If outside city or town limits, write RURAL and give nearest town)	out the state of t
llew least is share alone of death? One day	City or town (If outside city or town limits, write RURAL and give nearest town)
How loug in soore hister of deam :	7016 Eastern Ave
Hospital, Institution, or street address where death occurred: 805 Maple Ave (A rest home)	STREET NO.
OO) Maple Ave (A lest nome)	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Qual Man Keal L.	none
(101s.) Marcy Took on	caucia none
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Widowed	20. DATE OF DEATH. 0 Cf. 27 19 4.7 21 8:30 N
6.(b) Name of husband or wife Eduling Sundania	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
6.(b) Name of husband or wife. all Manual. Assiduance.	Oct. 20. 1947, 10 Oct 27 1947
6.(c) If alive, give age years	a. 4 a ~ 1
7. Sirth date of deceased (mo., day, yr.) (an 14 1871	and that I tast saw h alive on O.C. 19.14
8. AGE: Years Months Days If less than one day	Immediate cause of death
o. Acc.	Cerebral Fluoringe I day
76min.	
Louisville Ky.	min artiris - selecum Illel T
9. Birthplace	
1D. Usuat occupation. housewife	
ID, USUAL OCCUPATION.	Due fo
11. Industry or business	
12. Name Milliam John Stuller 13. Birtholace	Diher conditions
13. Birthplace	
ex 13. bittiplace	(Include pregnancy within 8 months of death)
₹ 14. Maiden name	Major findings of operations
15. Birthplace	major nagings of operations.
Mr Walter F. Ludwig	Date of op.
16. Informant	Antopsy results.
Address 4520 - 32nd, Boad N. Arlington	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Q = + · · · · · · · · · · · · · · · · · ·	22. VIOLENCE: If death was due to exfernal causes, fill in the following;
17. Climation Date thereof Oct 830 194	Accident, suicide, or homicide
Bontier or crematory of William Rees Some	Whate did laiury occur?
Genetary or crematory	Where did injury occur?
Location Musikhang for	tnjured at home, farm, Industry, public place (where?)
6 11/4/1/7	Means of Injury Injured at work?
18. Funeral director. J Walliam & een Sons	0,
Address 300 - 4th, St. N.E. Washington,	D.C. Still him
1 1 1 DVAN	23. SIGNATURE M, D, or other
19. adv 29 19 47 7 11/11m NCM	0911 5d 1x. 1w.
(Date reed by registrar) (Date reed by registrar) (Registrar	Address Date signed



CERTIFICATE OF DEATH

Week, PC

24	11 N. Charles St., Baltimore 97	(13278
CERT	IFICATE OF DEATH	Reg. Dist. No. 9/6
1. PLACE OF DEATH: County. MONTG OMERY City or town We STMORELAND (If outside city or town limits, write RURAL and give neares Row long in above place of death? Hospital, institution, or street address where death occurred: **MONTHINETON DRIVE** How long in hospital or institution?	City or town VESTMAN (If outside eity or town Street No. 8 WORTHA	County MONTGOMERY RELAND WIN limits, write RURAL and give nearest town) NGTON DRIVE ral, give LOCATION)
How long in hospital or institution?	PH LUTZ	3. (b) Social Security Number
MALE White MARRI E4150 Tible		AL CERTIFICATION 14 - 24 - 1947 at 7.05 P-11
8. (a) Name of husband or wils 7. Birth date of decoased (mo., day, yr.) 8. AGE: Years Months Day's If less than one day of the second of th	21. I CESTIFY that death occurred on the years and that I last saw has alive on Immediate cause of death. Due to. Due to. Sther conditions Manualized Conditions of the con	date above stated; that I attended deceased from
14. Maiden name ANNA MARIE BENTZA 15. 8 intormant DENC AYTZ Address 5 6 2 0 MADISON, BETH (Barial, cremation, or removal, Which?) Complexy or crematory ART ANN COL N	Antopsy results. PHYSICIAN: Please underline the case	Date of op.
Cemetery or crematory WASH BALT BLVD. Location D. 5.T.R. J. T. J. N. C. J. N. A. 18. Funeral director Sharph Hawlers Sor Address 7.5.6 Pa. Que, n. W.		injured at work? Ocences, M. D. or other

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OCT 30 1947

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PLEASE WRITE

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JARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH



09219 Rog. Diat. No. 2/8

		2411 N. Ch	arles St., Baltimore		09219
j		CERTIFICA	ATE OF DEATH	Reg. Dist. No	. 2/8
(If ou	aithersb utside city or town lin of death?	mita, write RURAL and give nearest town)	Street No	County	
3. (a) FULL NAME			and the second s	3. (b) Social Secu	u-it- Number
J. (a) TOLL MAINL	Grace	Nicol Maphis		3. (0) Social Sect	arity Rubber
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL	CERTIFICATION	ง
Female	White	Widow	20, DATE DE DEATH Oct 21	nd 19.4	47 . 2 10P
6.(b) Name of husband (B F, Maphis	21. I CERTIFY that death occurred on the dat	te above stated; that I attende	d deceased from
-7. Birth date of deceased (mo., day, yr	oct	10th 1870			DIRATION
8. AGE: Years 1870 76 9. Birthplace	Brentsyi (Town, Hous	Days If less than one day 22	Immediate gause of death Central hermonho Due to. High antiral to Due to.		3?days n moy year
12. Name	Aylett	Nicol	Other conditions	*****	
H 13. Birthplace 14. Malden name 15. Birthplace	Va, Louise Va	Sprinkle	(Include pregnancy with		
16. Informant	W.H.W.	lson	Antopsy results	to which death should be ch	arred statistically.
	al or removal, Which? or Nicol Brent Ernest	Date thereof. 10/4/47 (month) (day) (year) Burial Ground sville Va, C Gartner ithersburg Md,	22. VIOLENCE: If death was due to extern Accident, suicide, or homicide	own) (County) ice (where?)	(State)
19. Oct.	+ 19 47	ahuda I Gothe	avithersburg		M. D. or other 10/3/47

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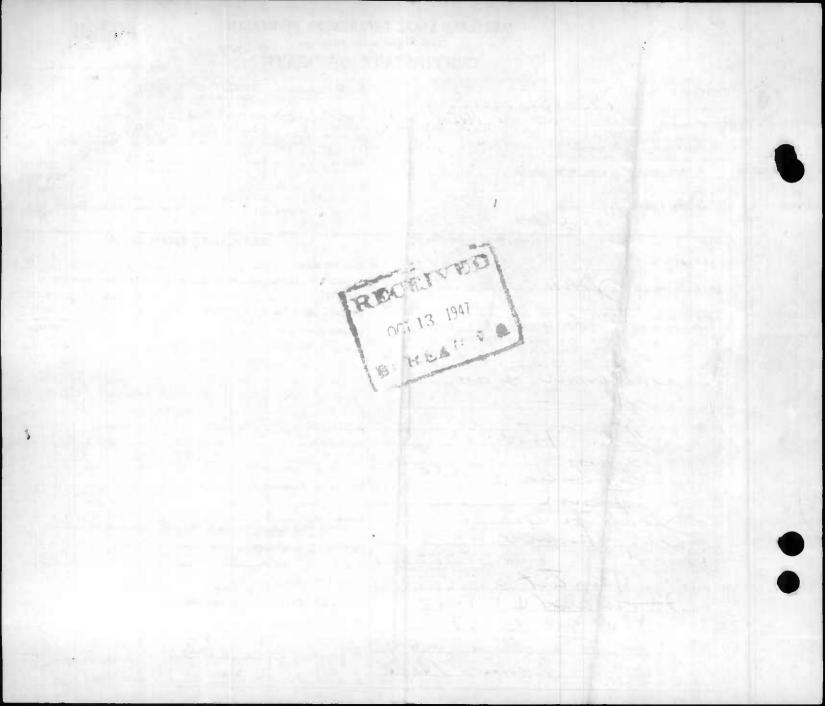
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09220

CERTIFICATE OF DEATH

City or town Clf outside eity or town limits, write RURAL and vivo nearest power How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Couoty City or town (if outside city or town limits, write RURAL and give nearest town) Street No
3.(a) FULL NAME Barbra Mathis	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE OF DEATH
B.(b) Name of husband or wifs	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.47. 10. 10. 19.47. and that I last saw h. Z. alive on 10. 19.47. Immediate cause of death. DURATION Control of the state of death. DURATION
9. Birthplace (Town, county, and state) 16. Usual occupation 11. Industry or business of arms.	Due to Myocardio 6 grass
12. Name 12. Name 13. Rirthplace 14. Maiden name 14. Maiden name 15. Birthplace 1	Other conditions (Include pregnancy within 3 months of death) Major fiadiogs of operations. Date of op.
16. Informant Show It Mathies Address 3 rookeville more	Autopsy results
(Burial, eremation, or regroyal, Which?) Date thereof. 9-/54 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Commetery or crematory Location Locatio	Where did injury occur?
18. Funeral director, Address Address 19/0/a/ 4/7 19. Louis D. Selfurar (Date ruc'd by registrar) Registrar	23. SIGNATURE M. D. or other- Address Date signed D. F. 124



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NS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

940

09221

.Date signed 10-9-47

E OF DEATH	Reg. Diat. No 216
2. USUAL RESIDENCE (HOME) (For newhorn infants give residence	OF DECEASED:
State D.C.	County
Washingto	
Street No. 4801 Connection (If rural, g	
	3. (b) Social Security Number
MEDICAL	CERTIFICATION
	er 19. 47 31 1:48P
	above stated; that I attended deceased from 19 147 to 8 Oct 19 147 8. Oct 19 17
Dulanagen En	BOLISH 10 min.
Other conditions	
Pulmonary Empons	3 months of death)
Major findings of operations. NON	16
Antopsy results Confirmed PHYSICIAN: Please underline the cause to	Bate of op. Abava which death should be charged statistically.
22. VIOLENCE: If death was due to external	
Accident, suicide, or homicide	Date of
Where did Injury occur?(City or tow	n) (County) (State)
Injured at home, farm, Industry, public place Means of Injury	to trijured Avork?
H. L. C. STEV	ENS, Jr. At. JG MC USNR

			CERTIFIC	ATE OF DEATH
City or town(11 o (11 o How long in above place Hospital, institution, or US Naval 1 How long in hospital or	ntgomery Bethesda staide city or town l of death? 28 street address where Hospital,	(rural imits, write Ridays death occurred: Bethes () IRAL and give nearest town) da, Md. 28 days	State Cou Washington City or town (If outside city or town limits Street No. 1801 Connecticu: (If rural, give
3. (a) FULL NAME	M	C CUBBI	N, John Carr	
4. Sex male	5. Color or race		married, widowed, or divorced widowed	MEDICAL CI
7. Birth date of	Warram) If ailve, give age	LU Sept - 19
8. AGE: Years 64 9. Birthplace	Months 10 yland (Town	Days 18	If less than one dayhrste)	Due to Coronary Marc
11. Industry or business	C CUBBIN,	Charle	s John dec	Other conditions Pulmonary Embasse (Include pregnancy within 3) Major findings of operations
Address 4801 17. bu 1 (Burial, cremation Cemetery or cremato Location	Connecti ial or removal. Which Rock ashington Chevy Cha Wisconsi	Date there Creek D. C. Se Fune n Avenu	nue, N.W., Wash of 10-11-17 (month) (day) (year) ral Home (E.)	PHYSICIAN: Please underline the cause to with the cause the cause to with the cause



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MARYLAND STATE DEPARTMENT OF HEALTH

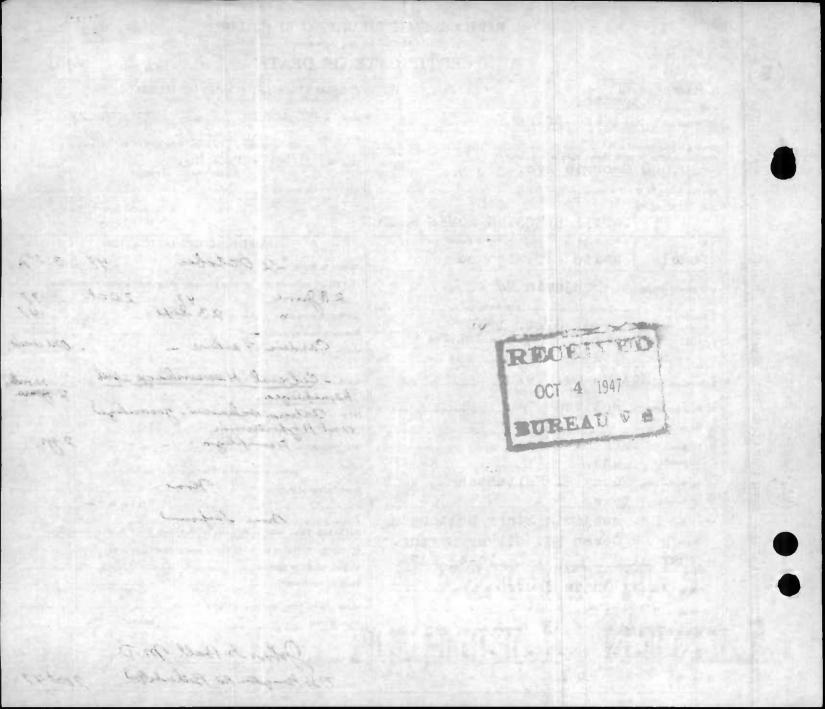
2411 N. Charles St., Baltimore

83a

CERTIFICATE OF DEATH

(19222 Reg. Dist. No. 714

City or town(If	tgomery Silver Si outside city or town li	Ping mits, write RURAL and give nearest		2. USUAL RESIDENCE (HOME) ((For newborn infants give residence of state	nunty Montgome!	arest town)
10,000	Georgia	Ave.	***************	Street No. 8708 Geren R	(U.A. LOCATION)	••••••
How long in hospital or	r Institution?		******************	2.(a) It veteran, name war		
3. (a) FULL NAM		BLESSING JONES	MELTO	N	3. (b) Social Security none	Number
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divor	rced	MEDICAL C	ERTIFICATION	
female	White	widowed		20. DATE OF BEATH 2 Octob	en 19.47	3:30A M
7. Birth date of		amin Mark		21. I CERTIFY that death occurred on the date at 28	bove stated: that I attended dece	eased from
deceased (mo., day.) 8. AGE: Years		Blst. 1863		Immediate cause of death		. DURATION
83	9		mio.	Cardine Failur	Ç	one week
10. Usual occupation 11. Industry or busines	Retired	Texas county, and state)		Bue to Cilyand Home Hamifeligen Bue to Ortens believe	ingenetized	27
E		Jones		Other conditions		2 37
15. Birthplace	Texas	Hollenbank		(Include pregnancy within 8	Date of op.	
		n Starr Melton		Autopsy results	which death should be charged	statistically.
17 Buria (Burial, cremation) , or removal. Which? XX Grace	Rd. Silver Spri Bate thereot 10-4-194 (month) (day) Church Montg. Co., Md.	(year)	22. VIOLENCE: It death was due to external ca Accident, suicide, or homicide	Bate of	(State)
	/	E Penghuy		Meens of injury	Injured at work?	
	lver Spri			23. SIGNATURE John B. B.	el m.D.	
19. Oct >	19.4.7.	Josephundy De	Registro	Address 79 34 Paragitan Red 13	Zelenda M. D. Bate signed	or other 2 pot 47.



9-45-15

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MARYLAND	STATE	DEPARTMENT	OF	HEALTH
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2411 N. Charles St., Baltimore

CEDTIFICATE OF DEATH

CERTIFICAT	Reg. Diat. No. 210
1. PLACE OF DEATH: Montgomery Bethesda (rural) City or town. Bethesda (rural) How long in above place of death? I month, 4 days. Hospital, institution, or street address where death occurred: US Naval Hospital, Bethesda, Md. How long in hospital or institution? I month, 4 days. 3. (a) FULL NAME MITCHELL, Anne Clark	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced female W-IS married	MEDICAL CERTIFICATION
female W-IS married s.(b) Name of husband or wife Robert Clark Mitchell	20. DATE DF DEATH
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 100	and that I last saw h im alive on 24 October 18 47. Immediate cause of death Massine Defaulter DURATION Af The left Cecleal Banger 24-4864
9. Birthplace Washington. D. C. (Town, county, and state) 10. Usual occupation housewife 11. Industry or business 12. Name CARRUTHERS., Marie. M. 13. Birthplace Ohio	Due to
14. Maiden name. CLARK, George E. dec.	(Include pregnancy within 3 months of death) Major findings of operations.
16. Informant husband: Chief Robert C. Mitchell, USN Address Receiving Station, Phila., Penn. 17. burial (Burial, cremation, or removal, Which?) Cemetery or crematory	PHYSICIAN: Please underline the cause to which death should be charged abdistically. 22. VIOLENCE: if death was due to external causes, fill in the following; Accident, suicide, or homicide
Address 2901 LithSt., N. W. Wash., D. C. 19. 10-24 18 47 Mary C. Patterson (Date rec'd by registrar) Registrar	C. C. MATOWITZ, Lt. (1) MC USNR 23. SIGNATURE M. D. or other Address. USNH Bethesda, Md. Date signed 10-24-17

CCT 28 1947

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

	(19	2	2	4	0
eg.	Diat.	No.		X	/	8

	Reg. Diat. No.
1. PLACE OF DEATH: County Montg Co, City or town. (If outside first town Amiles with Real and give hearest town) How long in above piace of death? 3 Yrs 9 Mo Hospital, institution, or street address where death occurred: How long in hospital or institution? 3. (a) FULL NAME Oradie May Moxley	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex Female White Widow Widow Widow Widow Widow	MEDICAL CERTIFICATION 20. DATE OF DEATH. OCT 31st 1947 21 6 Pm
6.(b) Name of husband or wife Robert S Moxley 6.(c) It alive, give age years 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day 1880 67 1 17 hrs. min. 9. Birthplace Monthology 176 mn. county, and state) HOUSE WIFE 10. Usual occupation. 11. industry or business 12. Name William JEASTON 13. Birthplace Md	Immediate crose of death from Countries of C
14. Maiden name. Mary F Duvall 15. Birthplace Md	(Include pregnancy within 3 months of death) Major findings of operations
16. Informant Rev H. M. Wilson, Address Gaithersburg Md, 17. Burial Date thereof 1/3/47 (Burial, cremstion, or removal Which?) Cemetery or crematory Montgomery Chapel Cemetery Damascus, Md, location Damascus, Md, 18. Funeral director Ernest C Gartner Address Gaithersburg Md, 19. M. 2 19. 47 Chause B Gooke (Date ree'd by registrar) Registrar	Injured at home, tarm, Industry, public place (where?) Msans of injury Injured at work? 23. SIGNATURE M. D. or other

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 3245

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Montgomery Silver Spring	state Maryland county Montgomery		
City or town			
How long in above place of death?	City or town Silver Spring (If outside city or town limits, write RURAL and give nearest town)		
820 Woodside Parkway	Street No. 820 Woodside Parkway (If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
2 (a) FILL NAME	3. (b) Social Security Number		
MARY ELIZABETH MURPHY			
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
female white widowed	2D. DATE DE DEATH D C 4 1/ 1947 at 1:00 Am		
8.(b) Name of husband or wife James S.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
7. Birth date of	and that I last saw h. E. V. alive on Det 10 1947		
deceased (mo., day, yr.) Aug. 18th. 1865 /866	Immedia; cause of death General Schiles DURATION		
8. AGE: Years Months Days It less than one day	and sendity of ?		
82-81 1 23hrs,min.			
9. Birthplace Philadelphia, Pa. (Town, county, and state)	Due to Brancho freumania Iwk.		
10. Usual occupation Retired	Que to.		
11. Industry or business	DUE 10		
I 12, Name Jerimiah Toomey	Other conditions		
12. Name Jerimiah Toomey 13. Birthplace Ireland			
14. Malden name Ann — — — — — — — — — — — — — — — — — —	(Include pregnancy within 3 months of death)		
5 15. Birthplace Ireland	Major findings of operations.		
16. Informant Joseph D. Murphy	Date of op.		
	Autopsy results		
Address 820 Woodside Parkway	22. VIOLENCE: If death was due to external causes, fill in the following;		
Burial Date thereof 10/14/47 (month) (day) (year)	Accident, suicide, or homicide		
Cemeter XXXXXXX Mt. Olivet	Where did injury occur?		
Location Washington, D. C.	Injured at home, farm, Industry, public place (where?)		
	Means of Injury Injured at work?		
18. Funeral director Aranka Durange may			
Address Silver Spring, Md.	23 SIGNATURE - F Eark a. Rack M. 1)		
19. Oct 13 (Date rec'd by registrar) 19 47 Treptime In Schaeffe	Sa Ca Sa A Ca Ca Can M.D. Grother		
(Date rec'd by registrar) Reflectar	Address LX Ja Par Clare Date agned 10-11-49		



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

173

09226

CERTIFICATE OF DEATH

216

1. PLACE OF DEATH: Montgomery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Bethesda (minal)	State Maryland county A.A.		
(If outside city or town limits, write RURAL and give nearest town)			
How long in above place of death? 30 minutes	City or town Annapolis, Homoja Village (If outside city or town limits, write RURAL and give nearest town)		
Hospital, institutions or street address where death occurred: Bethesda, Md.	Street No. 15 Kingwood		
How long in hospital or institution?30. minutes	(If rural, give LOCATION) 2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
NYCKIEMOE, Palmer Donovan 4. Set 5. Color or race 6. (a) Single, married, widowed, or divorced			
4. Sex Male 5. Color or race 6.(a) Single, married, widowed, or divorced married	MEDICAL CERTIFICATION 20. DATE OF DEATH OF 25 19 X 7 21 5 . 30 P. M.		
Frances Nycolal amos	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
6.(b) Name of husband or wife Frances Nycklemoe	The state of the s		
7. Birth date of OC 25 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	and that I(lost saw h alive on Case 19		
deceased (mo., day, yr.) 26 May 1921	Immediate cause of death		
8. AGE: Years Months Days I less than one day	4.2.0		
26 4 29hrsmin.	Cerebral Themore has he		
9. Birthplace Spokane Washington (Town, county, and atate)	Due 1o		
10. Usual occupation	Due to		
11. Industry or business U. S. Navy			
12. Name unknown 13. Birthplace unknown	Dther conditions		
	(Include pregnancy within 3 months of death)		
14. Maiden name			
15. Birtholace unknown	Major findings of operations.		
SHOW I SH			
16. Informant Wife: Mrs. Frances Nycklemoe	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address 15 Kingwood, Homoja Village, Annapoli	22. VIOLENCE: 11 death was due to external causes, fill in the following:		
17 Burial Oate Thereof Oct. 31 No. (Burial, cremation, or removal, Which?) Oate Thereof (month) (day) (year)	Accident, suicide, or homicide.		
	Where did injury occur? Rackwill monty mcf (City or town) (County) (State)		
Cemetery or crematory National Cemetery			
Location Minneapolis, Minnesota	tnjured at home, larm, industry, public place (where?)		
18. Funeral directorW. W. Chambers Co. E.	Meane of Injury ares flames according injured at work? you		
Address 1400 Chapin Street, NW, Washington, D.	G. Frank J. Broschut M.S.		
May C. Caller	23. SIGNATURE M. D. or other		
19. 10-25 19. Mary C. Patterson Registrar	Address Garther and Date signed 10-25-47		
(Date fee d by registrar)	Address		

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OCT 28 1947

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2411 N. Charles St., Baltimore

09227

CERTIFICATE OF DEATH

Address Jackhunkan bad Date signed 10-20-47

4	
1. PLACE OF DEATH: County Montgomery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	Pothoada Marriand
Hospital, Institution, or street address where death occurred: Bethesda Police Station	Street No. 6207 Wagner Lane, Bethesda, Md.
How long in hospital or institution?	2.(a) If veteran, name war. World War II
3. (a) FULL NAME John Jasept Piace	(Peace) 3. (b) Social Security Number 579-10-0920
Male White Single Married, widowed, or divorced Single Married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; . that I aftended deceased from
7. Birth date of 77 -7 -7 -7 -7 -7 -7 -7 -7 -7 -7 -7 -7	and that I fast saw h alive on 19.
deceased (mo., day, yi.) July 7, 1914	Immediate vause of death OURATION
8. AGE: Years Months Days If less than one day 33NTS 3 13	Tracture of shall with the
9. Birthplace Pfalzelon Dermoselle, Germany (Tawn, county, and state) 10. Usual occupation Truck Driver	Due to Jell de de la
	Due to
11. Industry or business 12. Name Joseph Pies 13. Birthplace Germany	Dther conditions
14. Malden name Albertina Steinbach 15. Birthplace Germany	(Include pregnancy within 3 months of death) Major findings of operations.
15. Birthplace Germany	Major hadings of operations.
16. Informant Mr. Ralph E. Pies Address 6207 Wagner Lane, Bethesda, Md.	Autopsy results
20/00/15	22. VIOLENCE: if death was due to external causes, fill in the following:
Burial (Burial, cremation, or removal, Which?) Cemetery or crematory Arlington National Cem.	Accident, suicide, or homicide. Accident Date of 10-20-4 Where did Injury occur? (City or town) (County) (State)
Location Arlington, Virginia	injured at home, farm, industry, public place (where?)
1 1m Kanha Tram Sheen	Moens of injury Lack Injured at work?
Address 7557 Wis. Ave. Bethesda, Marylan	- Chauch &
21 5/- 0	23. SIGNATURE

MARGIN RESERVED FOR BINDING

PLEASE WRITE

OCT 24 1947

1600 2411 N. Charles St., Baltimore

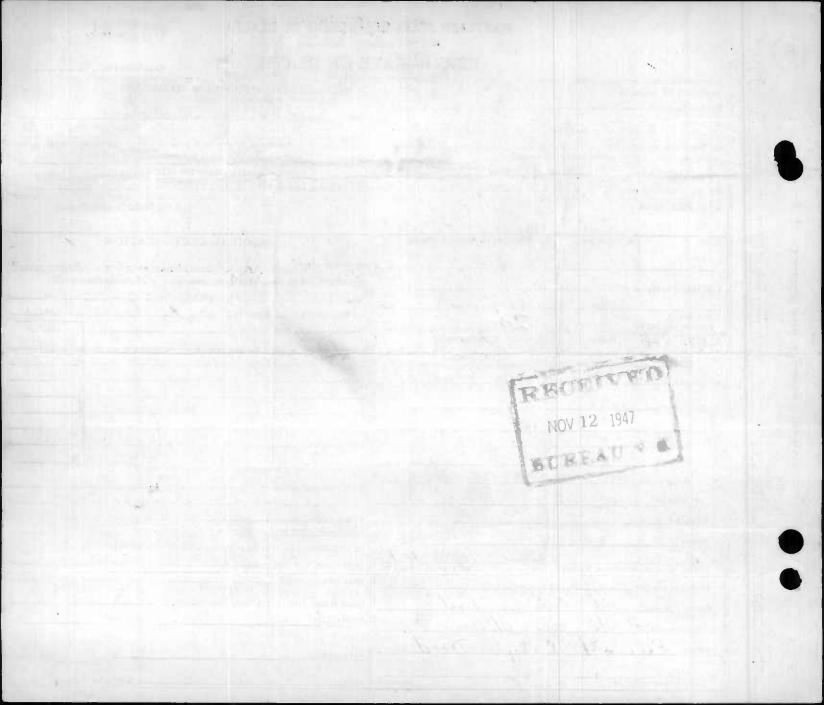
CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county Montgomery	Slate Maryland County Howard
(If outside city or town limits, write RURAL and give nearest town)	
Now long in above place of death?	City or lown AAAME. (If outside eity or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. Crarn's Trailer Park.
The Montgomery County General Hospital &	(If rurai, give LOCATION)
Holi torg til hoop til	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Joseph Henry Yeery	
4. Sox 5. Color or race (6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Minte Sixgle	20. DATE OF DEATH CCr. 30 19 7 7 at 1/A
s (h) Name of husband or wills	21. I CERTIFY that doubt occurred on the date above stated; that I ettended deceased from
8.(6) Name of husband or Willo	Deloted 28 19.47, 10 Del to 301947
7. Birth date of 6. C. L.	and that I last saw h
deceased (mo., day, yr.) October 20, 1947 8 AGE: Years Months Days If less than one day	Immediate cause of death OURATION
o. Ade.	Shall have high 2 days
hrsmin.	
9. Birthplace Q(NRY, Many land (Town, county, and atate)	Due to
10. Usual occupation 20 1 2 2 7 1	
J de la constant de l	Due to
11. Industry or business 12. Name Emme ett Junior Peery	1-17:1.
	Other conditions to the state of the state o
	(Include pregnancy within 3 months of death)
14. Maiden name Della Hassis Flexsly	Major findings of operations.
14. Maiden name Della Hassie Hensley 15. Birthplace haxayette, Tenn	Date of op.
18. Informant Itospatal vecords:	Antopsy results.
Address	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: if death was due to external causes, fill in the following;
(Burlai, eremation, or removal, Which?) (Burlai, eremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory At Adhus	Where did injury occur?
Ellegate Cetes med.	Injured at home, farm, industry, public place (where?)
Location 20 Miles 1 II no 1	Means of Injury Injured at work?
18. Funeral director.	
Address Ellers City mo	23. SIGNATURE SEA C. Jahnes, Cut.
10 (Och 31. 147 John B. Long Lyan.	M. D. or other
(Date ree'd by registrar)	Address Date signed 1 3 1/47
United & fairles	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARGIN RESERVED FOR BINDING

VS A15



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09229

CERTIFICATE OF DEATH

Reg. Diat. No. 216

1. PLACE OF DEATH: County Montgomery City or town Bethesda (rural) (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 2 days Hospital, Institution, or street address where death occurred: US Naval Hospital Bethesday Md How long in hospital or institution? 2 days 3. (a) FULL NAME			1) URAL and give nearest town) LVS : thesdayMd	State Washington City or town (If outside city or town li Street No. 2123 T St., S.	Cousty	arest town)
3. (a) FULL NAME	PENN	TELLA,	Martin		3. (0) Social Security	Number
male			e, married, widowed, or divorced married	20. DATE OF DEATH. 2 Octob	CERTIFICATION Der 19 47	
6.(b) Name of husband or wi			c) If alive, give ageyear	21. I CERTIFY that death occurred on the date 1 Oct. and that I last saw h. i.Malive on	19 47 10 2 Oct	ober 19 47
deceased (mo., day, yr.) 8. AGE: Years 76	Febru Months	ary 19,	If less than one day hrsmin	Immediate cause ut death	urhagi	DURATION 2 da.
13. Birthplace	Gov ENNELLA Ita	war De ernment , A.M.	pt.	Due to	www.	10 yss 2 da
15. Birthplace	ROTUNDO Ita	ly	Rose DD	Major findings of aperations.		
Cemetery or crematory	emoval Which Arling ton, Va. nothy Ha	Date ther ton Nathanananananananananananananananananana	sh.,D.C. of IO-6-47 (month) (day) (year) tional WAR.	Where did Injury occur? (City or tox tnjured at home, farm, industry, public place Meens of Injury	e (where?) Injured at work? ES, Cdr. MC USN	(State) or other 10-3-47



VS A15

MARGIN RESERVED FOR BINDING MARGIN RESERVED FOR BINDING MARGIN RESERVED FOR BINDING PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.	4	2	K.	ally supplied.	1
MARGIN RESERVED FOR BINDING MARGIN RESERVED FOR BINDI PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of infi correct age is especially important. Physicians: please write the causes of	•		NG	ormation should be carefuleath clearly and legibly	
MARGIN RESER MARGIN RESER PLEASE WRITE PLAINLY, WITH UNFADING INI Ourect age is especially important. Physicians: pleas	VED FOR BINDING	1	ERVED FOR BINDI	K. Every item of infice write the causes of	
S A15 9-45-1	MARGIN RESER		MARGIN RES	UNFADING INK Physicians: pleas	
S A15 9.45.	•	(?	PLAINLY, WITH	
S A15	9-45-1			E WRITE age is esp	
	S A15	1	1	PLEAS	

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VS 151

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1246

Registered No. 216

F	1)(1)
1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:
(a) Baltimore City, Maryland. Underwood St.	(a) State Md. (b) County Montgomery
(b) Street address Chevy Chase, Md. (c) Hospital or institution:	Chevy Chase
None	(c) City or town
NT .	(d) Street No. 214 E. Underwood St.
(d) Length of stay in hospital or inst. (yrs., mos., or days) None.	(e) Citizen of foreign country?(Yes or No)
(e) Length of stay in Baltimore (yrs., mos., or days) None	If yes, name country.
3 (a) FULL NAME BERNICE	C. PERKINS
3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION
None No. unknown	20. DATE OF DEATH Oct. 27, 1947 at 3.30 M
4. Sex Female 5. Color or race 6 (a) Single, married, widowed, or divorced.	
Total divorced.	21. I certify that I took charge of the remains described above, held ar
6 (b) Name of husband or wife Charles G. Perkins	Autopsy, Inspection or Inquiry
6 (c) If alive, give age years	by said Autopsy, Inspection or Inquiry, find that said deceased came
7. Birth date of deceased (mo., day, yr.) Dec. 14, 1906	toheadeath on the day stated above, and death in my
8. AGE: Years Months Days If less than one day	opinion resulted from: natural causes , accident , suicide
40 10 13 hrmin.	homicide [], undetermined [] and that the causes of death were
9. Birthplace Birmingham, Alabama	IMMEDIATE CAUSE OF DEATH
(Town county and state)	Biliary Circhosis 1125/17
10. Usual Occupation Housewife	1000000 and a back and
11. Industry or business None	
12. Name Newell Ellard 13. Birthplace Unknown	Due to
13. Birthplace Unknown	***************************************
	Other Conditions
14. Maiden Name Unknown 15. Birthplace Unknown Charles C. Perkins	/Tuchalo manager 2011 0
13. Birthplace UNKNOWN	(Include pregnancy within 3 months of death)
16 (a) Informant Offat 1es G. Tel Fills	22. If an external cause was primary or contributing cause of
(b) Address Chevy Chase, Maryland	death, fill in the following:
17 (a) Cremation (b) Date thereof Oct 29/47 (Burial, cremation, or removal) (month) (day) (year)	(a) Date of injury
	(b) Where did injury occur?
(c) Cemetery or crematory Cedar Hill Cemetery	(c) Did injury occur at home, on farm, industrial place, in public
Location Washington, D.C.	place?While at work?
18 (a) Funeral director WM. Kaulson Turnghaley	(d) Means of injury
(b) Address Bethesda, Maryland	23. Signature
19 (a) 6 30 (b) 7 5 felexistrar	Date signed 10-28-47 Medical Examiner.

00221

U	27	~	U	J.

Reg. Diat. No.

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 940

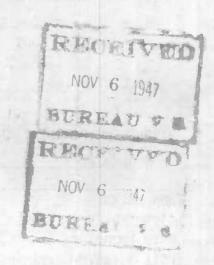
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

CERTIFICATE O	F DEATH

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland County City or town Bethesda, Maryland (If outside city or town limits, write RURAL and give nearest town) Street No. 5408—HARWOOD ROAD, BETHESDA, MARYLAND (If rural, give LOCATION) 2.(a) If veteran, name war.
MRS. CLARA SMITH POST	3. (0) Social Security Number
4. Sex 5. Color or race 6.(α) Single, married, widowed, or divorced Female WHITE WIDOWED 6.(δ) Name of husband or wife HARRY K. POST	MEDICAL CERTIFICATION 20. BATE OF DEATH. October 29th 19 47 at 8; 30 A m 21. I CERTIFY that death occurred on the date above stated; that I ettended deceased from 19.4 f., to 20 2 7 9 19.4 7.
7. Dirth date of deceased (mo., day, yr.) APRIL 27th, 1864	and that I last saw h Gol alive on Och 25 47 19
8. AGE: Years Months Days If less than one day hrsmin.	Coronog orderion ~ h.
9. Birthplace	Oue to. Oue to. Oue to. Oue to.
13. Birthplace Pittsburgh, Pennsylvania 14. Malden name Mary Reynolds 15. Birthplace Pittsburgh, Pennsylvania	(Include pregnancy within 3 months of death) Major findings of operations
Address 5408 HARWOOD ROAD, BETHESDA, MD. 17. BURIAL Date thereof OCT 29th 1947 (month) (day) (year) Cemetery or crematory	Antopsy results
18. Funeral director Address 1300 N. STREET, N. W WASHINGTON, D. C. 19. (Date reed by registrar) 18 Funeral director Address 1300 N. STREET, N. W WASHINGTON, D. C. 19. Registrar	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work? 23. SIGNATURE



PLEASE

A15

MARGIN RESERVED FOR BINDING,

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(19232 Reg. Dist. No. 216

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Montgomery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Pothorde (mine)	State Virginia county Page
(If outside city or town limits, write RURAL and give nearest town)	City or town. Luray (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 21 days	(If outside city or town timits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred: U. S. Naval Hospital, Bethesda, Md.	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war.
3.(a) FULL NAME FRESGRAVE, Roxie Cleveland	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	
mate white mailted	20. DATE OF DEATH. 7 October 19. 47, 21. 5:05 h
6.(b) Name of husband or wife Mrs. Lucey Presgrave	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	9-16- 19 47 10 10-7- 19 47
7. Birth date of OO Fohmus mar 7.800	and that I last saw h. im. alive on 10-7-
deceased (mo., day, yr.) 25 PEDFURTY 1093 8. AGE: Years Months Days If less than one day	Immediate cause of death
54 7 14hrsmin.	Thrombosis of Coronary Artery 12 hrs
9. Birthplace Virginia (Town, ecunty, and state)	Due to Coronary Heart Disease, 5 yrs
(Town, eounty, and state)	Arteriosclerotic
10. Usual occupation Painter	Due 10
11. Industry or business Civil Service	
置 12. Name Samuel Presgrave	Other conditions
13. Birthplace Virginia, deceased	(Include pregnancy within 3 months of death)
14. Malden name Julia Richards 15. Birthplace Virginia, deceased 16. Informant Wife: Lrs. Lucey Presgrave	
Vinginia decessed	Major findings of operations.
El 15. Birthplace VII gIIII de deceased	Date of op.
16. Informant Wife: lrs. Lucey Presgrave	Autopsy results
Address Luray, Virginia	22. VIOLENCE: If death was due to external causes, fill in the following;
	Accident, suicide, or homicide
17. Burial (month) (day) (year)	
Cemetery or crematory Evergreen Cemetery	Where did Injury occur?(City or town) (County) (State)
Location Luray, Virginia	Injured at home, farm, Industry, public place (where?)
18. Funeral director I. C. Bradley Funeral Home	Means of Injury D. C. Billions 19/20/03/1
Address Luray, Virginia, (1/0)	23. SIGNATURE D. E. BILLMAN, LTJG MC USNR M. D. or other
19. (Date rec'd by registrar) 19. (Date rec'd by registrar) 19. Registrar	23. SIGNATURE M. D. or other
19	USNH, Bethesda, Md. Date signed 10-8-47



00999

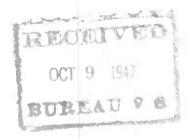
	CATE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: Bontgomery County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland County Montgomery Cilly or lown (If outside city or town limits, write RURAL and give nearest town) Street No. 709 Grandin Avenue (If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME GEORGE RHODES RICE Jr.	3. (b) Social Security Number 213-12-8452
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Male White Married	MEDICAL CERTIFICATION 20. DATE DE DEATH
6.(b) Name of husband or wife Elizabeth S. B. Rice 6.(c) If allive, give age 61 7. Birth date of deceased (mo., day, yr.) November 19, 1883 8. AGE: Years Months Days It less than one day	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from years and that I last saw h
63 63 10 17hrs.	min. Coronary occlusion Hard
Montgomery County, Maryland 9. Birthplace	Due to
14. Maiden name Jane Rhodes 15. 8irthplace Virginia	(Include pregnancy within 3 months of death) Major fieldings of operations. Date of op.
16. Intermant Mrs. Elizabeth S.B. Rice Address Rockville, Maryland	Autopay results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial Burial Date thereof Oct. 8, 1947	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location Darnestown, Maryland 18. Funeral director W. Th. Rausen James Address Rockville, Maryland	Injured at home, farm, industry, public place (where?) Means of Injury Injured at work? 23. SIGNATURE JO Harley M.D.
Cot 1 11 SPO	M. D. or other

Registrar

Address Kocker

VS A15

Oct (Date ree'd by registrar)



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09234 76 Reg. Diat. No.

How long in above place of dealh? How long in above place in above place in a bove place of dealh? How long in above place in above place in above stated in above stated decased from place p	
City or form. IS. T. 1. 50. 4. County of LOW limits. write RURAL and give nearest (own) Bow long in above place of dealth. Bow long in above place in coursed town) Street No. L. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Bow long in above place of dealh? Hospital, institution, or street address where geath occurred: Sirest No. A.	State MARYLAND County MONTGOMERY
Rospital institution, or street address where death occurred. Since I No. 1	areat town) City or town BETHESdA
Subject of the state of the sta	(If outside city or town limits, write RURAL and give nearest town)
Row long in hospital to institution?	(If rues) give LOCATION)
4. Sex 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced FEMALE NhITE 8. (b) Name of husband on with ALFRED H. RITER 20. DATE OF DEATH 21. I CERTIFY that death occurred on the date above stated; that is attended deceased from 19. Feb. 21. I CERTIFY that death occurred on the date above stated; that is attended deceased from 19. Feb. 22. I CERTIFY that death occurred on the date above stated; that is attended deceased from 19. Feb. 21. I CERTIFY that death occurred on the date above stated; that is attended deceased from 19. Feb. 22. I CERTIFY that death occurred on the date above stated; that is attended deceased from 19. Feb. 22. I CERTIFY that death occurred on the date above stated; that is attended deceased from 19. Feb. 22. I CERTIFY that death occurred on the date above stated; that is attended deceased from 19. Feb. 22. I CERTIFY that death occurred on the date above stated; that is attended deceased from 19. Feb. 22. I CERTIFY that death occurred on the date above stated; that is attended deceased from 19. Feb. 22. I CERTIFY that death occurred on the date above stated; that is attended deceased from 23. I CERTIFY that death occurred on the date above stated; that is attended deceased from 24. I CERTIFY that death occurred on the date above stated; that is attended deceased from 25. I CERTIFY that death occurred on the date above stated; that is attended deceased from 26. I Section of the date above stated; that is attended deceased from 27. I CERTIFY that death occurred on the date above stated; that is attended deceased from 28. I Section of the date above stated; that is attended deceased from 29. I Section of the date above stated; that is attended deceased from 29. I Section of the date above stated; that is attended deceased from 29. I Section of the date above stated; that is attended deceased from 29. I Section of the date above stated; that is attended deceased from 29. I Section of the date above stated; that is attended deceased from 29. I Section of the date above state	2.(a) If veteran, name war
4. Sez S. Coier or rare S.	3. (b) Social Security Number
Semale White Whoved	R
6.(b) Name of husband or with ALFRED H. RITTER DECEASED S.(c) If alive, give age years deceased (mo. day, yr.) July 28, 1883 8. AGE: Years Months Days It less than one day 3 12 hrs. min. 9. Birthplace WASHINGTON, county, and state) 10. Usual occupation. HOMEMALER Due to Major findings of operations. 11. Industry or business 12. Name Scham T. County and state) 13. Birthplace Ohio 14. Maiden name MARGARET FARRINGTON. 15. Birthplace Ohio 16. Informant Sister MAS. Millored Wisday Nisday Address H 509 HARKING Coad, Bethesday, Major findings of operations. 21. ICERTIFY that death occurred on the date above stated; that i stlended deceased from 19. In the fill of the conditions and that I last saw home. alive on 19. Immediate cause of death. DURATION Due to Major findings of operations. Distribution Due to Major findings of operations. Major findings of operations. Physician: If death was due to external causes, fill in the following:	r divorced MEDICAL CERTIFICATION
5.(b) Name of husband or wife ALERED H. RITTER DECEASED 5.(c) If alive, give age years deceased (mo. day, yr.) Suly 28, 1883 8. AGE: Years Months Days It less than one day 64 3 12 hrs. min. 9. Birthplace NASALNGTON, conty, and state) 10. Usual occupation. HOMEMANER 11. Name Sohn J. HOGE 12. Name NARGARET FARRINGTON 13. Birthplace Ohio 14. Maiden name MARGARET FARRINGTON 15. Birthplace Ohio 16. Informan Sister MAS. Millored Wisday Address H 509 HARLING Cond, BETHERM, Md 21. ICERTIFY that death occurred on the date above stated; that i attended deceased from 19. Je 10. Usual occupation of the date above stated; that i attended deceased from 19. Je 10. Usual occupation of the date above stated; that i attended deceased from 19. Je 10. Usual occupation of the date above stated; that i attended deceased from 19. Je 10. Usual occupation of the date above stated; that i attended deceased from 19. Je 10. Usual occupation of the date above stated; that i attended deceased from 19. Je 10. Usual occupation of the date above stated; that i attended deceased from 19. Je 10. Usual occupation of the date above stated; that i attended deceased from 19. Je 10. Usual occupation of the date above stated; that i attended deceased from 19. Je 10. Usual occupation of the date above stated; that i attended deceased from 19. Je 10. Usual occupation of the date above stated; that i attended deceased from 19. Je 10. Usual occupation of the date above stated; that i attended deceased from 19. Je 10. Usual occupation of the date above of the date above stated; that i attended deceased from 19. Je 10. Usual occupation of the date above of the date above stated; that i attended deceased from 19. Je 10. Usual occupation of the date above of the date above stated; that i attended deceased from 19. Je 10. Usual occupation of the date above of the date above stated; that it attended deceased from 19. Je 10. Usual occupation of the date above of t	20. DATE OF DEATH. 18 / 0 19 / 21 9 30 P N
1. Birth date of deceased (mo., day, yr.) Sulv 28, 1883 8. AGE: Years Months Days It less than one day 64 3 12 hrs. min. 9. Birthplace WAShi N.G.TON (Town, county, and state) 10. Usual occupation. HOMEMALER Dhie (Town, county, and state) 11. Industry or business HI 12. Name Oh M. T. PARRINGTON Major findings of operations. HA Majden name. MARGARET FARRINGTON Major findings of operations. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
deceased (mo., day, yr.) Su/y Z 8, 1883	19. 10. 10. 11.
8. AGE: Years Months / Bays It less than one day 64 3 12 hrs. min. 9. Birthplace VASh.I. N.G.T.O.M., D.C. (Town, county, and state) 10. Usual occupation. HOMEMAKER 11. Industry or business 12. Name Soh.M. T. HOGE 13. Birthplace Oh. D (Include pregnancy within 3 months of death) Major findings of operations. Major findings of operations. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:	
9. Birthplace WASh I NGTON, D.C. 10. Usual occupation. HOMEMALER 11. Industry or business 12. Name. Sohn T. HOGE 13. Birthplace 14. Malden name. MARGARET FARRINGTON 15. Birthplace 16. Informant Sister Mas. Mildred Wisde Alexander Marked Wisde Address H-509 HARLING Coad Bethersh, Md Address H-509 HARLING Coad Bethersh, Md 22. VIOLENCE: If death was due to external causes, fill in the following:	lau L
10. Usual occupation. HOMEMALER 11. Industry or business 12. Name. Sohw. T. HOGE 13. Birthplace 14. Malden name. MARGARET FARRINGTON 15. Birthplace 16. Informan Sister Mas. Mildred Wisda Address H509 HARLING Coad, Bethesh, Md Address H509 HARLING Coad, Bethesh, Md 17. Malden name underline the cause to which death should be charged statistically.	
10. Usual occupation. HOMEMALER 11. Industry or business The Solution	Due to Hypertusia Cuest sucia 2 your
11. Industry or business 12. Name	1/ D. T
12. Name Sohn T. HOSE 13. Birthplace 14. Malden name MARGARET FARRINGTON 15. Birthplace 16. Informan Sister Mas. Mildred Wisda Address H 509 HARLING Coad, Bethessh, Md 17. Name Sohn T. HOSE (Include pregnancy within 3 months of death) Major findings of operations. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.	Due to
13. Birthplace Chio (Include pregnancy within 3 months of death) Major findings of operations. Major findings of operations. Major findings of operations. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:	Diher conditions
14. Malden name MARGARET FARRINGTON 15. Birthplace 16. Informan Sistes MAS. Mildred Wisda Address H 509 HARLING ROAD, BETHESD, Md 22. VIOLENCE: If death was due to external causes, fill in the following:	
16. Informant Sistes MAS. Mildred Wisda Autopsy results. Address H 509 HARLING ROAD, BETHESSA, Md 22. VIOLENCE: If death was due to external causes, fill in the following:	TON
16. Informant Sistes MAS. Mildred Wisda Autopsy results. Address H 509 HARLING ROAD, BETHESSA, Md 22. VIOLENCE: If death was due to external causes, fill in the following:	Major Badings of operations.
Address 4509 HARLING Road, BETHESSA, Md. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:	
Address # 509 MARLING LOAD, BETHESSA, Md. 22. VIOLENCE: If death was due to external causes, fill in the following:	BUYCICIAN. Blace underline the caree to which death should be charged statistically
D	FSNo. Md
17 Burial Dale thereof Lojian Accident, suicide, or homicide	/4/
Cemetery or crematory Rock Creek Cemetery Where did Injury occur? (City or town) (County) (State)	day, (year,
Location Washington, D. C. Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?	Injured at work?
18. Funeral director. I felillen lumprily.	Michigan Million of Mi
Address Bethesda, Maryland 23, SIGNATURE Drung. Wenjamin Men	22 SIGNATURE (Druet. Wenjamin, Men)
19. 60/11 1947 7m & Johnson Bather 14. M. D. or other	M. D. or other



. . .

			2411 N. Charl	lea St., Baltimore	921			
			CERTIFICAT	TE OF DEAT	H	Reg. I	Dist. No.	
1. PLACE OF DEA	font domerny			2. USUAL RESIDENC				
City or town(If o	City or town. Bethesda (rural) (If outside city or town limits, write RURAL and give nearest town)			State D.C. Wa. City or town (1f outside	abinaton			
How long in above place of death? 23 days Hospital, inetitution, or street address where death occurred: US Naval Hospital, Bethesda, Md.			Street No. 2153 Ca	lifornia ((If rural, give	street,	N.W.		
How long in hospital or	in etitution?	23 days		2.(a) If veteran, name war	WWI			
3. (a) FULL NAME	RC	BBINS,	Alfred McCallum			3. (b) Soc	ial Security N	umber
4. Sex	5. Color or race	8.(a)Single	, married, widowed, or divorced		MEDICAL CI	ERTIFICA	TION	
male	W-US		arried	2D, DATE OF DEATH	Octobe	er 12	1947	11:50R
6,(b) Name of hueband 7. Birth date of deceased (mo., day, y	or wife) It alive, give ageyears	21. I CERTIFY that death oc 19 and that I last saw h im	Sept. 19.	17, to	12 Oct.	1917
8. AGE: Years 60 9. Birthplace	6 shington, (Town, Retire	D. C. county, and a	If iese than one day hre. min. tate) ne Corps Personne	Due to	clette	Story see	r Di	14 day
12. Name RO	BBINS, Hen Mo.			Dither conditions. Hay be Cerebra	Dregnaney within 8 a	is (Gr	و رست	Egista 1
15. Birthplace	Va.		dec	Major findings of operation	non		te of op	
			Robbins Wash, D.C.	Autopsy results				atistically.
buria (Burial, cremation	al , or removal. Which: Arlin	Date there	eof 10-15-47 (month) (day) (year) ational	Accident, suicide, or homici Where did injury occur?	de		Date of	(State)
Location	Arlington	ı, Va.	P R 11	Injured at home, farm, Indu		here?)		
Addrees 19. Date rec'd by re	1756 Penr	Man of	N.W.Mash.,D.C. worth Aunith harlotte Smith Registra	IIGNU Dad	ARRETT thesda, Md.		M. D. 01	r other 10-13-17

MARGIN RESERVED FOR BINDING

WITH UNFADING INK. Supply every item of information carefully. The carrier age important. Physicians: please write the causes of death clearly and legibly.

WRITE

PLEASE

(Date rec'd by registrar)



2411 N. Charles St., Baltimore

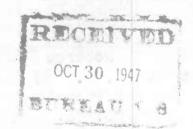
CERTIFICATE OF DEATH

	Reg. Dist. No
1. PLACE OF DEATH: Dounty Montgomery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. Silver Spring (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? HANGENERIA & street address where death occurred: 10145 Sutherland Road How long in hospital or institution?	State Maryland coucty Montgomery City or fown Silver Spring (If outside city or fown limits, write RURAL and give nearest town) Street No. 10145 Sutherland Rd. (If rural, give LOCATION) 2.(a) If veteran, name war. 10
3. (a) FULL NAME	3.(b) Social Security Number none
female White single	MEDICAL CERTIFICATION 20. DATE OF DEATH LLCT 25 19 47 21 5:15 P.
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19
8. Birthplace	Due to. Due to.
12. Name James Davis Roberge 13. Birthplace Wesswood, N. J. 14. Malden name Velma Lee Pannett 15. Birthplace Frederick Co. Va.	Other conditions
Address 10145 Sutherland Rd. 17 Removal & Burial Date thereof. 10/27/47 (Burial, cremation, or removal, Which?) Cemetery or crematory. Westwood Memorial Cemetery Location Westwood, Bergen Co. N. J.	Injured at home, farm, Industry, public place (where?)
Address Silver Spring, Md. 19. Oct V ((Date ree'd by registrar) 19. (Date ree'd by registrar)	Means of injury displayed to injured at work? Trank J. Broschart M.D. 23. SIGNATURE M.D. or other Address Jackson L. L. Bate signed 12 - 25-4.

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

PLEASE

VS A15



7.9

WITH UNFADING INK. Supply every item of information carefully. The correct age important. Physicians: please write the causes of death clearly and legibly.

WRITE

PLEASE

MARGIN RESERVED FOR BINDING

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١.	Charles	St.,	Baltimore	550	Í

CERTIFICATE OF DEATH

					Reg. Dist. No	***************************************
How long in above pla Hospital, Institution, US Naval How long in hospital	Montgome Beth foutside city or town ace of death? 2 r or street address where Hospital, or institution?	esda (ri limits, write RU mons 6 death occurred: Bethesd	ural) RAL and give nearest town) days a, Md. 2 mons., 6 days	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of r State N.C. Court Ashville City or town (If outside city or town limits Street No. 27 Washington, F (If rural, give WW)	write RURAL and give ne	
3. (a) FULL NA		SELL, Wi	illiam Fred		3. (b) Social Security	Number
4. Sex male	5. Color or race	6.(a)Single,	married, widowed, or divorced		r 28 µ7	, 4:10 A
	0		If alive, give ageyears , 1896	21. I CERTIFY that death occurred on the date about 22 August 19 and that I last saw h. im alive on 28 Immediate cause uf death.	October	19
o. Aud.	ars Months	Days 9	It less than one dayhrsmin.	failure.		.2.mo
10. Usual occupation 11. Industry or busing 12. Name	RUSSELL, F	rank Wir	nter dec.	Due to	nonths of death)	
14. Maiden nan 15. Birthplace	CRISP, D	ora Carolina	dec.	Major fiadiags of operations	mena, GBC	
Address 27 17	Washington ourial on, or removal, Which alory Lewis shville, N.	Road, A Date thereo Memori:	Norley Ashville, N.D. (month) (day) (year)	Autopsy results	ses, till in the tollowing; Date of (County)	(State)
Address 1400		. N. W	Wash., D.C. C. Patterson Registrar	W. B. YOWOLL,	Jr., Lt. JG MC	or other



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09238

CERTIFICATE OF DEATH

Reg. Dist. No. 2-23

	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
1	county mont gomery	
	City or town Takana Park	state District of Columbigunty
	(If outside eity or town limits, write RURAL and give nearest town)	Washington 1
-	How long in above place of death?	City or town Washing to m (If outside eitype town limits, write RURAL and give nearest town)
	Hospital, Institution, or street address where death occurred;	Street No. 1807 - 41st Pl. 5 E
	Washington San and Hospital	(If rural, give LOCATION)
	The state of the s	V
	How long In hospital dinstitution?	2.(a) It veteran, name war
	3. (a) FULL NAME	3. (b) Social Security Number
	0.11:	
	Phillip Ochneider	
	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
	1 1 201. 4 10.1	10 10
	Male White Widower	20. DATE OF DEATH 10 - 17 - 1947 at 11:15 P. M
	Sollie O Schuides	21. L CERTIFY that death occurred on the date above stated; that I attended deceased from
	6.(b) Name of husband or wife Sallie P. Schneide	august 1 19.42 to Oct 17 19.42
	6.(c) It alive, give ageyears	
	. 7. Rirth date of	and that I last saw hi. 279 alive on 10 - 17 - 19 4 7
	deceased (mo., day, yr.) March 15 1869	Immediate cause of death Congestive Heart Fachure DURATION
	8. AGE: Years Months Days If less than one day	Immediate Cause of Gentle
	78 7 2min.	A. A. A.
	9. Birthplace Washington, D.C	munter Burnelle Branch Block month
	9. Birthplace (Town, county, and state)	DUE 10.3
	10. Usual occupation Steam Engineer	
	10. Usual occupation. Document C. A. J. D. C. J.	Due to alles of Gratic Heart Decen years
	11. Industry or business day spiered & Bro.	V
	E 12. Name Thillip Schneider	Dther conditions
	12. Name Phillip Schneider 13. 8irthplace France	
		(Include pregnancy within 3 months of death)
	E 14. Malden name Mary Dilger	Major findings of operations.
	15. Birthplace Holland	
		Date of op.
	16 Informant Wash Desc. Records	Antopsy results
		PHYSICIAN: Please underline the cause to which death should be charged statistically.
	Address	22. VIOLENCE: It death was due to external causes, fill in the tollowing:
	17 Burie Date thereof Oct 21, 1947	
	17. Gurial, eremation, or remoyal, Whigh?) Date thereot Ct. 21, 1947, (aug) (year)	Accident, suicide, or homicide
	MAR. Welle lease	Where did Injury occur?
	Cemetery or crematory.	(City or town) (County) (State)
	Location	Injured at home, tarm, Industry, public place (where?)
		Means of injury Injured at work?
	18. Funeral directors of the state of the st	medic of many
	2001 11th N. M.	01001
	Address Of Control of the Address Of	23. SIGNATURE Sundy, M.D.
	1) 1 18 US CHYTIMM & DOTAL	M. D. or other
	19. 07.	Address 1503 Good Hole R. D. C. Date signed 10-17-47

OCT 22 1947
BUREAT

09239

CEDTIFICATE OF DEATH

8			
		23	1

			CERTIFICA	ALE OF DEATH	Reg. Diat. No	570
How long in above place Hospital, Institution, or US Naval	of death?street address where Hospital,	h hours death occurred Betheso	la, Md. hours	2. USUAL RESIDENCE (HOME (For newborn infants give residence) State	County ton limits, write RURAL and give no	earest town)
4. Sex	5. Color or race		, married, widowed, or divorced	MEDICAL	CERTIFICATION	
male	W-US			30 Catab		77 1
male	11-05	1	single	20. DATE OF DEATH	er +9.47	
6.(b) Name of husband 7. Birth date of deceased (mo., day,	Nev) tt alive, give ageyi 0—1918	and that I tast saw h imalive on immediate cause of death	10 Oct.	19
8. AGE: Years	Months	Days	If less than one day	Lobar Pneumonia		
28	8 11	0	hrs t	nin.		
1D. Usual occupation 11. Industry or busines 12. NameS.C.I. 13. Birthplace	HOOLEY, In	Man ry Clea a Porte	ming, Wash.,D.C	Other conditions		
14. Maiden name.	unknown	in idolois.		Major nodings of operations		
te. Informant Mot	her: Mrs.		A. Wells sington, Md.	PHYSICIAN: Please onderline the caose	above to which death should be charged	d atatistically.
	n, or removal. Which?		10-13-17 (month) (day) (year)	22. VIOLENCE: It death was due to extern Accident, suicide, or homicide	Date of	
	Herndon		nia 🧳 🧷	Injured at home, tarm, industry, public place		
		-	S.F.	Meens of Injury Frank &	tnjured at work?	
Address 755	7 Wisconsi	n Ave.,	Bethesda, Md.	UFrank JA Br	oschart. m.O.J	
10-10	- tg 47	Marx	Charlotte Smith	DEputy Medical Ex	aminer M. D. Md. Oate signed	10-10-47

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Ine

PLEASE

VS A15

MARGIN RESERVED FOR BINDING



Herard Strate de terd ou neprinous - Tinjud

Rog. Dist. No. 216

3. (b) Social Security Number

Montgomery

WRITE

PLEASE

	CERTIFICATE	OF	DEATH
	11 -		
PLACE OF DEATH:	2.	USUA	. RESIDENCI

E (HOME) OF DECEASED: (For newborn infants give residence of mother) Washington City or town. (If outside city or town limits, write RURAL and give nearest (bwn) Street No. (If rural, give LOCATION

ity or town(If out	Betheso	la (rui	ral) JRAL and give nearest town)	
iow long in above place o lospital, institution, or s US Naval	f death? 3 C treet address where de Hospital,	lays ath occurred: Bethe	sda, Md.	
iow long in hospital or t	nstitution?		3 days	
B. (a) FULL NAME	SCHORE	3, Free	d Carl	
. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	1
male	W-US	M	idowed	
i,(b) Name of husband or	wife Bessie	Scho	rb	
. Birth date of deceased (mo., day, yr.	*******************************	y 24,) If alive, give ageyears 1887	
B. AGE: Years	Months	Days	if less than one day	
3 60	8	16	hrs,min.	
11. industry or business	unemployed	C.	dec.	
14. Malden name	Germany	Della.	400	
Address 4819 17	Avondale 1 or removal Which?) Arlington, V. V. W. CHAM	Road, Date there gton N a. BERS	SIO	
	lth St., S	name	halst hith	-
19. 10-10-	19.4.7	Mary OC	harlotte Smith	

MEDICAL CI	PRIEICATION
MEDICAL CE	ERTIFICATION
20, DATE OF DEATH 10 Oct	ober 1947 at
	47 10 10 Oct . 1947
and thaf I last eaw hIM. alive on	
Immediate sause of death	DURATION
()	$\rho \rightarrow \rho \rightarrow$
Vummany L	weremore unorg
Immediate suse of death Outsurn any I	<i>D</i> .
Due to	

Other conditions	
(include pregnancy within 3 m	nonths of death)
Major fiodiags of operations	
,	Date of op
Actorsy resolts	
22. VIOLENCE: If death was due to external cau	ses, ftil in the following:

injured at home, farm, industry, public place (where?) Means of injury USN 23. SIGNATURE

(City or town)

USNH Bethesda, Md.

Accident, suicide, or homicide. Where did injury occur?

> M. D. or other 10-10-L7

(State)



WRITE

PLEASE

A15 SA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

216

1. PLACE OF DEATH: County Montgomery City or town (If outside city or town limits, write RURAL and give nearest town) City or town Richmond City or town (If outside city or town limits, write RURAL and give nearest town) County Richmond	
City or town. Bethesda (rural) Slate. Va. County	
] month]] days	
How long in above place of deale? I month, 11 days City or town (If outside city or town limits, write RURAL and give nearest town Hospital, Institution or sireet address where dealed occurred: Street No. Shepard Street	
US WAVAL TOSPITAL, Bethesda, Md. (If rural, give LOCATION)	/
How long in hospital or institution?	
3. (a) FULL NAME SHOCKET, Abe	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced MEDICAL CERTIFICATION	
male W-US married 20. DATE OF DEATH October 24 19 17 31 5	.35A.
6.(6) Name of husband or wife Dora Shocket 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 13. Sept. 19.117. 10. 21. Oct. 1	94.7
7. Sirth date of deceased (mo., day, yr.) October 14, 1902	
8. AGE: Years Months Days If less than one day Carcinoms of Common Bile duct. 9 m	ons.
45 0 10 with metastasis to liver and regional	
9. Birthplace	
	ks.
10. Usual occupation	hrs.
Tracent.	
12. Name SHOCKET, Bennie ded. 2 13. Birthplace Russia (Include pregnancy within 3 months of death)	hrs.
Major findings of operations.	
15. Birthplace Date of op. 16. Informan(Wife: Mrs. Dora Shocket Autopsy results. Confirmed above	
PHYSICIAN. Please underline the cause to which death should be charged statistically	r
Address 800 N. Shepard St., Richmond, Va. 17. burial (Buriai, eremation, or removal, Which?) Dale thereof (month) (day) (year) Dale thereof (month) (day) (year)	
Cemelery or crematory Workmen's Circle Cemetery Where did Injury occur? (City or town) (County) (State)	
Richmond V2	
Localion	
Address 1400 Chapin St., N. Van Catterson 23. SIGNATURE J. S. SIGNATURE 23. SIGNATURE AND SIGNATURE AND SIGNATURE OF THE SIGN	
19. 10-24- 19. 47 Mary C. Patterson USNH Bethesda, Md. Date signed 10-21	-117

OCT 28 1947

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

940

09242

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Montgomery City or town Chevy Chase (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 30 years Hospital, institution, or street address where death occurred: 4725 Drummond Avenue How long in hospital or institution? None 3. (a) FULL NAME			Cily or town Co. (1f outside rity or town limits	, write RURAL and give neare	est town)
		BRADY SHOEMAKER*	* * * * * * * * * *	S. (0) Social Security II	ишвег
4. Sex Female		single, married, widowed, or divorced	MEDICAL CE 20. DATE OF DEATH October 25t	ch, 1,47	4:30 P
	0 1 1	.6.(c) If alive, give age	21. I CERTIFY that death occurred on the date abo	to	19
8. AGE: Years 71 73		If less than one day			Died
10. Usual occupation. 11. Industry or busines	, 0	and state)	Due to		Sudden
12. Name	mary many	LT Canoff	(Include pregnancy within 3 n		
16, Informant	Someral, &	rangeand	Autopsy results PHYSICIAN: Please underline the cause to wh 22. VIOLENCE: If death was due to external cause.	ich death should he charged sta	
(Burist, cremation	, or removal, Which?)	thereof. 28/47	Accident, suicide, or homicide	Date of	
18. Funeral director	2 sidnar F	Cocaina Tol C	Injured at home, farm, Industry, public place (whe Means of Injury	Injured at work?	
19. Oct 2	6 19 47	Am E Joley	23. SIGNATURE Dep Med . F. Address Gaithersburg . N.	exam M. D. or laryland to signed 1	

OCT 30 1947

Evedence for change of year of thirth is 2411 N. Charles St., Baltimore 27 1947 CERTIFICATE OF DEATH Reg. Diat. No. 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: Stale Mary land (If outside city or town limits, write RURAL and give nearest town) Kensington of information carefully ses of death clearly and How long in above place of death? # 1-Frankin St Hospital, institution, or street address where death occurred: (If rural, give LOCATION) How long in hospital or institution?. 3. (b) Social Security Number 3. (a) FULL NAME 5ill man hone MEDICAL CERTIFICATION 4. Sex RESERVED FOR BINDING Widowed. White 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6:11 man 6.(b) Name of husband or the VINGIN deceased (mo., day, yr.) (DURATION Supply Days 8. AGE: (Town, county, and state) Hoves wife MARGIN 11. Industry or business 12 Name Samue) L. Nixon important. 13. Birthplace (Include pregnancy within 8 months of death) Blanch E. 14. Maiden name... 15. Birihpiace Mary N. Durre especially PLAINLY, is especially PHYSICIAN: Please noderlice the caose to which death shoold be charged statistically. Address # 2- Franklin St. Kensington MD 22. VIOLENCE: If death was due to external causes, till in the tollowing; (Burial, cremation, or removal. Whick Accident, suicide, or homicide..... Where did Injury occur? (City or town) (State) WRITE (County) Injured at home, farm, Industry, public place (where?) ... Injured at work? Meens of injury mm & Pegistrar



2411 N. Charles St., Baltimore

922

09244

U		CERTIFICATI	E OF DEATH	Reg. Diat. No.
	County	and give nearest town)	City or town Citles vil	
	Hospital, Institution, or street address where death occurred:		Street No(If rural, give	
	How long in hospital or institution?		2.(a) If veteran, name war	
	3. (a) FULL NAME Joseph Te	to S	with	3. (b) Social Security Number
	4. Sex 5. Color or race 6. (a) Single, married	d, wido Med, or differed	MEDICAL C	S 19.47 21 11.45
	S.(b) Name of husband or wife	e, give ageyears	/	ove stated: that I attended decessed from
	7. Birth date of deceased (mo., day, yr.)	884	Immediai, cause of death	DURATION
	o. AGE.	ss than one dayhrs min.	Coronary Thy	omboris innedial
	9. Birthplace		Due to May Gardete	is and 7 f 1941
	10. Usual occupation.		Due to	
	E 12. Name Pete Smith	U.	Olher conditions	
		Ols	(Include pregnancy within 3	
	14. Maiden name Laura		Major findings of operations	
	18. Informant tillia shouth	7	Autopsy results	***************************************
	Address Observed Date thereof	08,1947	22. VIOLENCE: If death was due to external ca	uses, fill in the following:
	(Burial, cremation, or removal, Which?) Cemetery or crematory	(month) (day) (year)	Accident, suicide, or homicide	
	Location Lesgottle 1	md.	Injured at home, farm, industry, public place (
	t8. Funeral director Robert	owden !	Means of Injury	injured at work?
	Address 246-N. Wash. St. 1	service -	23. SIGNATURE Defe	Jewell N. D. M. D. or other
	19. (Date rec'd by registrar)	My Jehalf L	Address Norbeek	22d Dale signed 10-17:4)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15



MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

99

09245

CERTIFICATE OF DEATH

eg. Dist. No. 316

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county Mantgornery	State MANULAND County
City or town Bethesda MANAY HAND (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death? Since 10-21-47	(If outside city or town limits, write RURAL and give nearest town)
fospital, Institution, or street address where death occurred: Subur ban トロミ	A Street No. O. C. D. J. M. L. M. L. M. L. M. L. M. L. V. C. L. L. V. L. L. V. L. L. V. C. L. L. V. L.
8600 Old George town Rd-Bethesda M	(If rural, give LOCATION)
low long in hospital or institution? Since 10-21-47	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
SMITH, Lulu Blanche	None
4. Sex 5. Color or race 8.(a) Single, married, widowed, or diversed	MEDICAL CERTIFICATION
FULL	20. DATE OF DEATH. 10 - 30 19 47 21 8 33
8.(b) Name of husband or wife Fred R. Svylith	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from
	19 october 1947 10 30 oct 194
deceased (mo., day, yr.) August 19, 1882	and that I last saw h. 21. alive on 29 cct. 194
8. AGE: Years Months Days If less than one day	Immediate cause of death
65 2 11nrsmin.	Cand by Toxin Mephroles.
	1 001
9. Birthplace	Due to Means of Riley - 6 day
10. Usual occupation Hausewife	Oue to Embelsan + Thumbrio of-
	Rt Olline arting des 2000
11. Industry or business	Other conditions Combile from Caroline
2 13. Birthplace Pennsylvania	(Include anomanau within 2 months of death)
Ensynynger (S	Major findings of operations. Embelson + Thursday
2 15. Birthplace Pennsulvania	Ry ellia arten
Hospital Records	Autopsy results Confusional above - Infant of spole
Betherde Marril and	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following;
Burial Date thereof 10/3/47 (Burial, eremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Mt. Vernon Cemetery	Where did Injury occur?
Location Allegheny Co., Clairton, Pa.	Injured at home, farm, industry, public place (where?)
18. Funeral director & m Jacoben Tumpkrey	Means of Injury tnjured at work?
Address Bethesda, Maryland	23. SIGNATURE Off B. B. Bell M.D.
10/1	
19. 19. 30 1847 / Choles	Address 7986 Sangton Rd Bethale Date signed 3000
(Date rec'd by registrar)	Address Date signed

RECEIVED

NOV 6 1947

BUREAU &

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

St., Baltimore

13100

09246 Reg. Diat. No. 2 23

E OF DEATH

(a) It veteran, name war				
		3. (b) 5	ocial Security	Number
D. DATE DF DEATH	EDICAL C	ERTIFIC		11:457
I. I CERTIFY that death occu	19	ove stated; the		2 sed from / 9 19 4 19 4 2
nmediate cause of death				Buration 6
ue to Chronic	noph	wel	rosis	yen
ie to				
her conditions . To you	weering sciles	months of de	uth)	yter
L. 4.	-	months of dea	ith)	ytar
ther conditions (Include pro-		***************************************	late of op.	ytan
(Include projections of operations			Date of op	ylan
(Include prosper findings of operations utopsy results	me the cause to v	which death sh	Date of op	
inter conditions	me the cause to v	which death shouses, fill in the	Date of op	
ntopsy results	me the cause to v	which death shouses, fill in the	Date of op	
(Include prosper findings of operations utopsy results	ne the cause to vs s due to external co	which death shouses, fill in the	Date of opould he charged e following; Date of	

	2411 N. Charles
	CERTIFICATI
1. PLACE OF DEATH:	
County Mantgamery	
City or town Tako Ha Dad (If outside city or town limits, writ	
How long In above place of death?	7 days
Hospital, Institution, or street address where death occu	rred:
Washington Sanita	rium and Hospital
How long in hospital or institution?	/ days
3. (a) FULL NAME	- 1
Mr. Josephs	nyder
4. Sex 5. Color or race 6.(a)S	ingle, married, widowed, or divorced
Male Jewish	Married
M. Be	ssie Smuder
6.(6) Name of husband or wife Mrs. Be	
T. Birth date of Un known	6.(c) If alive, give age
deceased (mo., day, yr.)	F80
8. AGE: Years Months Days	If less than one day
67	hrsmln.
9. Birthplace Doland	
(Town, county, a	nd state)
10. Usual occupation Retixe	<u>. d</u>
11. Industry or business	
E 12. Name Ylorxis S	nyder
12. Name YLOYXIS S 13. Birthplace Polan	10
Maiden same Annie	(unknown)
ž 15. Birthplace Oolan	
16. Informant	4000
Address 739 madis	57. NW
1] Date	thereof
(Burial, eremation, or rem) val. Which?)	(month) (lay) (year)
Cemetery or cramatory	76
Location Demus	119
18. Funeral director Soldlers	Tunes Home
Address 4217 9/135	6 x/w 1 11
Numeros T	+ Tehn Dota
19. (Date ree'd by registrar)	Registrar

OCT 22 1947
BUREAU 8

PLEASE

VS A15

MADVIAND	CTATE	DEDADTMENT	OF	MEALTH
MAKILAND	DIAIL	DEPARTMENT	Uľ	ncalin

2411 N. Charles St., Baltimore

93d

09247

CERTIFICATE OF DEATH

leg. Diat. No. 714

1. PLACE OF DEAT MONTE	H: omery			2. USUAL RESIDENCE (HOME) (For newborn infants give residence	OF DECEASED:								
City or town			State Illinois Couoly Iroguois City or town Loda City or town (If outside city or town limits, write RURAL and give nearest town) Street No										
						How long in hospital or institution? 3. (a) FULL NAME May Anna Stevens							
4. Sex Female	White									de, married, widowed, or divorced	MEDICAL OCTOBER	CERTIFICATION 30 1947	at 2145 Pin
		6.								L. Stevens (c) If alive, give ageyears 1870	21. I CERTIFY that death occurred on the date	10 UN to Octot	19.47
8. AGE: Years	Months	Days 25				If less than one dayhrsmin.	Immediais cause of death Near		DURATION 3.0. Musula				
9. Birthplace	oda, 11 Retired	, eounty, and	S state)	Due to	lia.	4 yeass							
12. Name Jam 13. Birthplace I	es Heal reland	У		Other conditions									
H 14. Maiden name	Mary J	. Ken	ny	(Include pregnancy within	3 months of death)								
14. Maiden name	Irela			Major fiudings of operatious									
16. Informant Mr.	Charle	s W.	Stevens	Autopsy results		red statisticaDv.							
			Silver Spring	22 VIOLENCE, If death was due to external									
(Burisl, cremation, o	removal. Which	Date lhe	reofOct31st4'	Accident, suicide, or homicide	Date of								
Cemetery or crematory.	Pine	Ridge)	Where did injury occur?(City or town	n) (County)	(State)							
Location	Loda	, 1111	nois	Injured at home, farm, Industry, public place	(where?)								
18. Funeral director	James	66	imphrey-	Msans of Injury	Injured at work?								
	ver Spr	ing, I	va.	23. SIGNATURE LOTSIL	ardros	ml,							
19. Wov. (Date rec'd by regis	trar) 19) JR	extunde ochoef	emm 943 Bonifard	M. Date sign	D. or other (1)/20/4)							
		-		1 011		4							



2411 N. Charles St., Battimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
office thought	State many fand county mod young
(If outside city or town limits, write RURAL and give nearest town)	Dithera Dall
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death-occurred:	Street No.
How long in hospital or institution?	(If rural, give LOCATION) 2,(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
S.(d) FOLL HAME	3. (0) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
5 2 9 1	
m W 2 gle	20. DATE DE DEATH LAND 21 19 4 7 , 21 8 au P. N
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
S.(c) If alive, give ageyears	Des Breef Court Case
7. Birth date of deceased (mo., day, yr.) (8635,	and that I last saw h
8. AGE: Years Months Days It less than one day	Immediaie cause of death 12h 22d 4 320 OURATION
84 9hrsmin.	2 de la la de la
a Birthalaca Pa	Jake, sales, Clark, attorney was
9. Birthplace (Town, county, and state)	
10. Usual occupation Dock tender ou	Due to
11. Industry or business C+O, Cancel	DUC 10.
E 12. Name Laboron	Other conditions.
13. Birthplace	
	(Include pregnancy within 8 months of death)
	Major findiags of operations.
∑ 15. Birthplace & i	Date of op.
16. Informant USAC State	Autopsy results
Address Die berson, med.	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burdar, cremation, or removal, Which?) Date thereot. (month) (day) (year)	Accident, suicide, or homicide, while care should bate of 10 - 21 - 27
	Where did lainer accur? Dickerson mate md
Cemetery or crematory (Company)	(City or town) (County) (State) Injured at home, farm, industry, public place (where?)
Location Description of the Location of the Lo	
18. Funeral director Allelen 10 Hollow	misure of injury
Address Bounesille ma	Frank J. Browshart m. O.
1 O. L. 22 12 let 1 BY	23. SIGNATURE M. D. or other
(Date rec'd by registrar) (Date rec'd by registrar) Registrar	Address Santheader of had Date signed 10 - 21 - 127

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Nhe correct age is especially important. Physicians: please write the causes of death clearly and legibly.

IARGIN RESERVED FOR BINDING

NOV 12 1947

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09249/572

Reg. Diat. No. 5/6

7	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county MONTA OMER 4	state mary land, county mont gomery
City or town (If outside city or town limits, write RURAL and give nearest town)	City or town. (If outside city or town limits, write RURAL and give nearest town)
How tong In above place of death?	
Mospital, Institution, or street address where death occurred:	Street No. 1/2 Battery have
Suburban Hospital	(If rural, give LOGATION)
Now long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Rev. trankt. Sutch	Home
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white widower	2D. DATE OF DEATH OCT - 6, 18 47, 21 8 P.
8.(b) Nama of husband or wife HeLEN 11. Sutch	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Sept 18:47 1947 10 Oct 6 1947
7. Birth data of	and that I last saw him alive on Det 6
deceased (mo., day, yr.) (0 c + - 6 - 1874	Immediate cause of death OURATION
8. AGE: Years Months Days If less than one day	Cardiac ashaustion
73 hrsmin.	Sale Sale Marie Sale Sale Sale Sale Sale Sale Sale Sal
	P 1 - 1 P
9. Birthplace D. N. J. S. T. O. L. P. N. G (Town, county, and atate)	Due to Cerebral themorrhage
Poting unictet	
10. Usual occupation.	Due to
11. Industry or business	• • • • • • • • • • • • • • • • • • • •
12. Name William Sutch 13. Birthplace Penna-	Other conditions
13. Birtholace Renna -	
	mclude pregnancy within 3 months of death)
14. Maiden name. Gertrude Bradfield. 15. Birthplace Penna	Major findings of operations.
E 15. Birthplace Venna	Date of op.
16 Informant Mark Smith / Friend	Autopsy results
21121	PHYSICIAN: Please underline the caose to which death should be charged statistically.
Address 4 Locus T Ave- Bethesdam	22. VIOLENCE: If death was due to external causes, fill in the following:
Burial Date thereof 10/9/47	Accident, suicide, or homicide
(Burial, cremation, or removal, Which?) (month) (day) (year)	
(Burial, cremation, or removal, Which?) Cemetery or crematory. Cedar Green, Clayton, N.J. Clayton, New Jersey Location	Where did injury occur?
Location Clay Coll, New Dersey	injured at home, farm, industry, public place (where?)
\1\1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Means of Injury trijured at work?
18. Funeral director	
Address 7557 Wis. Ave. Bethesda, Maryla	10 E (1 (2))
	23. SIGNATURE COLOR OF COLOR
19. (Oate rec'd by registrar) 19. (Date rec'd by registrar) Registrar	M. D. or other



PLEASE WRITE PLAINLY, is especially

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94a

09250

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Montgomery		
City or town Be thesda (rural) (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death? 19 days	City or town Washington (If outside city or town limits, write RURAL and give nearest town)	
Hospital, Institution, or street address where death occurred:	Street No. 2126 Conn. Ave., Wash., D.C.	
U.S. Naval Hospital, Bethesda, Md.	(If rural, give LOCATION)	
How long in hospital or institution? 19 days	2.(a) It veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
Jaussing Joseph Knefler		
4. Sex Color or race O.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male W-US Married	20. DATE OF DEATH 29 October 1947 215:25 P M	
6.(b) Name of husband or wile. Lulie Taussig	21. I CERTIFY that death occurred on the date above slated; that I attended deceased from	
G.(U) NEITH OF HUUGENE OF ENTITIES	October 10 19 47 10 29 Octobers 47	
7. Birth date of 9 20 2 27	aed that I last saw him alive on 29 October 147	
deceased (mo., day, yr.) . O-3U-10 (
8. AGE: Years Months Days It less than one day	Immediate cause of death Disease 18 months	
70 1 29hrsmln.		
Germany	Due to Gleneralized ateriocheria 34000	
9. Birthplace		
10. Usual occupation U.S. Navy Retired	n - 1-	
11. Industry or business	uue 10	
	Sther conditions Branchamerica 3 Lays-	
F		
	(Include pregnancy within shouths of death)	
14. Maiden name Ellen Knefler 15. Birthplace Kentucky	Major findings of operations	
% 15. Birthplace Kentucky	Date of op.	
16. Intermant Wife: Lulie Taussig	Autopsy results 2222	
	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
Address 2126 Conn. Ave., Washington, D.C.	22. VIOLENCE: Il death was due to external causes, till in the tollowing;	
17 Burial Date thereof 10-31-17 (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory Arlington National Cemetery	Where did injury occur?	
Location Erlington, Virginia	Injured at home, tarm, industry, public place (where?)	
18. Funeral director Joseph Gawlers Sons 6-9-4-	Means of Injury Injured at work?	
Address 1756 Penna. Ave., NW, Wash., D.C.	21-05	
	23. SIGNATURE There's fasseld. M. D. or other	
19. (Date rec'd by registrar) 19. (Date rec'd by registrar) 19. (Date rec'd by registrar)	Address USNH, Bethesda, Md. Date signed 10-29-47	
(Date fee of Dy regional)	- Audices	

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-NOV 5 1947

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2411 N. Charles St., Baltimore

09251

CERTIFICATE OF DEATH

CERTITION	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. Bethe day, May 14 Md (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? S. M.C. Sept. 20, 1947 Hospital, institution, or street address where death occurred: Suburban Hospital, May 14 Md	State
How long in hospital or institution? Si vice Sept. 20, 1947	2.(a) II veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or diversed	MEDICAL CERTIFICATION
m w	20. DATE OF DEATH October 7 19 47 212 30 A)
8.(6) Name of Ausband or wife MAdi Madi Madi Madi Madi Madi Madi Madi Ma	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
13. Birthplace 14. Maiden name Z	(Include pregnancy within 3 months of death) Major findings of operations
Address 17	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location	Injured at home, Tarm, Industry, public place (wherer) Missns of Injury Injured at work?
Address 2901 14th . st. n. w.	23. SIGNATURE J. P. andrews M.D.
19. (Date rec'd by registrar) 1847 Mm E Johns Registrar	Address 4 201 Face for St 1 Date signed 0 7 - 4

MARGIN RESERVED FOR BINDING

MIPH UNFADING INK. Supply every item of information carefully. The correct age important. Physicians: please write the causes of death clearly and legibly.

A15

WRITE

PLEASE



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 514

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Montgomery	state Maryland county Montgomery	
City or town Silver Spring (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death?	City or town Silver Spring (If outside city or town limits, write RURAL and give	nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 519 Harding Drive	*************
On lot near 519 Harding Drive	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war. N.O.	
3. (a) FULL NAME	3. (b) Social Securi	ty Number
Roy J. Temple	579-03-34	420
4. Sex 5. Color or rape 6.(a) Single, married, widowed or divorced	MEDICAL CERTIFICATION	
male white married	20. DATE OF DEATH CLC 9 19.57	2 45156
	21. I CERTIFY that death occurred on the date above stated; that I ettended d	
6.(b) Name of DENOUSE wife Mary J.	9	
7. Birth date of	and that I lisst saw h. alive on case	19
deceased (mo., day, yr.) Aug. 4th. 1883		
8. AGE: Years Months Days If less than one day	Immediate cause of death	DURATION
64 2 5min.	Corman occlusion	dul
Canada		1 De Colon
9. Birthplace Canada (Town, county, and state)	Due to.	0
10. Usual occupation. Retired Brick mason		
11. Industry or business	Due to	
質 12 Name John Temple		******
13. Birthplace Petrolia, Canada	Other conditions	*****
El 13. Birinpiace Teoriotta, Callada	(Include pregnancy within 8 months of death)	
14. Malden name Mary Brown 15. Birthplace Mich.	Major findings of operations	
15. Birthplace Mich.	Date of op	
16. informant Mrs. Mary J. Temple	Autopsy results	
220 22 21	PHYSICIAN: Please underline the cause to which death should he charge	
	22. VIOLENCE: If death was due to external causes, fill in the following:	
17 Burial Date thereof 10-13-1947 (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide	
Cemetery or crematory Colesville Methodist Ch.	Where did injury occur?	
Location Colesville, Montg. Co. Md.	Injured at home, farm, Industry, public place (where?)	
18. Funeral director Klasahnes & Pumphrey-	Means of Injury Injured at work?	1
Address Silver Spring, Md.	Trank J. Beschart M	クレ
6	23. SIGNATURE	D. or other
(Date rec'd by registrar) (Date rec'd by registrar)	11	ed 10-9-47
(Date let d by registrar)	AUDITES	CU

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Yee confed is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

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2411	N.	Charles	St.,	Baltimore
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CERTIFICATE OF DEATH

/	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State D.C. County
City or town [If outside eity or town limits, write RURAL and give nearest town]	
How tong in above place of death?	City or town Washington (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	
Wash San Thropo. Tekomoff de	Street No. 324 Peabody St., N. E.
How long In hospital or Institution? I Laure	2.(a) If veteran, name war
3.(a) FULL NAME	
Joseph Tonly	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m W Amala	2D. DATE DF DEATH 18 / 8/47 18 al 5.3.2
112	
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I aftended deceased from
	19 10 19
7. Birth date of Tohanna Mar 20 1020 A	and that t last saw halive on front I level un yarrow
deceased (mo., day, yr.) February 29, 1928	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Trading of Soll Contact
19min.	1) witche with compress
9. Birthplace Washington, D. C. (Town, county, and state)	Due la Devis of takend 8 days
10. Usual occupation Carpenter	" One le
11. Industry or business Apolinger Construction Co.	uue i u
	Other conditions
12. Name John Tenly 13. Birthplace Washington, D.C.	
	(Include pregnancy within 3 months of death)
E 14. Maiden name Ada	Major findings of operations.
14. Maiden name Ada 15. Birthplace Virginia	Date of op.
16. Informant Mrs. Seek	Autopsy results afore -
16. Informant	PHYSICIAN: Please underline the cause to which death should he charged statistically.
Address	22. VIOLENCE: Il death was due to external causes, fill in the following;
Burial (Burial, cremation, or removal, Which?) Date [hereol Oct. 11, 194] (month) (duy) (year)	Accident, suicide, or homicide Okace Lent. Date of 9/30/47
(Buriai, cremation, or removal, Which?) (month) (day) (year)	e C Maralain / Mrs. I
Cemetery or crematory Cedar Hill Came tery	Where did Injury occur? 31.024 Serg. (County) (State)
location Suitland, Maryland	tnjured at home, larm, Industry, public place (where?)
The S. W. Wines Company	- Msans of Injury Sunder feel on respected at work? Ms
16. Funeral director	
Address 2901_14 W Lyn. W. Wask. 9 C.	May approved Patt
1 to 1 thethan North	23. SIGNATURE M. D M. D
19. (Date ree'd by registrar) Registrar	Sanly Sking My 10/8/11
(Date ree'd by registrar)	Address

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE

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MARGIN RESERVED FOR BINDING

The Coroner of Montgomey County Iv. Bouchard has seen fet. at 12 noon 10/8/47 in autopy rom and approved autopy Tr. Bremand M.D. BURKAD V.

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VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2411 N. Charles St., Baltimore

09254

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County City or town. (If ontside city or town fimits, write RUKAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (if outside city or town lingus, write RUBAL and give nearest town) Sireet No. 9 (If gurfal, give LOCATION)
How long in hospital or institution?	2.(o) If veteran, name war. Mondon
	ZZARE 3. (b) Social Security Number
Female White Married Moved	MEDICAL CERTIFICATION 20. DATE OF DEATH. October 19 47 21 8:37 P. M.
6.(6) Name of husband or wife Charles W. IPAZZARE . 6.(c) It alive, give age 78 years 7. Birth date of deceased (mo., day, yr.) March 3, 1872	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 4. 7. to
8. AGE: Years Months Days It less than one day	Bue to.
10. Usual occupation	Due to
H 12. Name John W GRIMES 13. Birthplace Virginia	Other conditions (Include pregnancy within 3 months of death)
14. Maiden name BARBARAOR ROBEY 15. Birthplace Marland	Major findings of operations
18. information M. Marles M. a Trazzare Address 94 Fast and Place.	Antopsy results
(Burial, cremation, or pemoyal, Which?) Oate thereof. Oct. 4 1947. (month) (day) (year)	22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide
Cometery or crematory by galssional Smilery Location Massam gion & C	Where did injury occur?
18. Funeral director Allan Tels Sous	Means of injury Injured at work?
Address 700 4 cm St 2/16 Mish, NC. 19. Onto rec'd by registrar) (Date rec'd by registrar)	23. SIGNATURE Joseph P. Kensich M. D. or other Address 7942 W isconsin Que Bate signed 1/1/47
(Date for a by registrary	Betherda, Med.

OCT 10 1947

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2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Supply every item of information carefully. Incorrect age

WRITE PLAINLY, WITH UNFADING INK is especially important. Physicians: pl

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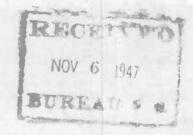
NS

MARGIN RESERVED FOR BINDING

			•	11
Reg.	Dist.	No.	2	16

Kensing tom 17d Date signed

1. PLACE OF DEATH: 11 - Aspen St. County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn, infants give residence of mother) State
3.(a) FULL NAME Anna Underwood	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION approx, 20. Date of Death Oct 3 / 19 47, 21 1:00 P
5.(b) Namo of husband or wife Jas. 7. 21 nderwood T. Birth date of deceased (mo., day, yr.) 3-4-1875	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 29 19 47, to Oct. 31 19 47. and that I last saw h. E.t. alive on Oct. 29 19 47. Immediairy cause of death
8. AGE: Years Months Days If less than one day 72 7 247 hrs. min. 9. Birthplace Otton (Town, county, and atate)	Oue to Arterioscleratic heart disease / mon
10. Usual occupation Housewife 11. industry or business 12. Name Cohaster Bragnett	Due to. Generalized arteriesderos:s / year Other conditions
13. Birthplace Grand Lund 14. Maiden name Henrietta Lund 15. Birthplace Gornecticut 16. Informant Miles (Anim) Underwood	(Include pregnancy within 8 months of death) Major findings of operations. Oate of op.
Address / Gepen St., Ch. Ch., Max. 17	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: Il death was due to external causes, till in the following; Accident, suicide, or homicide
Location 18. Funeral director S. Z. Z. Z. So. Weshingfor,	Injured at home, tarm, Industry, public place (where?) Means of Injury Injured at work?
19. (Date ree'd by registrat) 19. (Date ree'd by registrat) 19. (Date ree'd by registrat)	23. SIGNATURE THOSE SIGNATURE THE SIGNATURE TO STATE Address Sensing ton 17 . Date signed 10/31/47



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09256

CERTIFICATE OF DEATH

eg. Diat. No. 21.7

1. PLACE OF DEATH: Moving	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Cily or town (If outside city or town limits, write RURAL and give nearest town)	State
//n-	City or town
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospitat, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Baty girl unknow	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
James col sugar	20. DATE OF DEATH 2006 100 about Or 5 1957
6.(b) Name of husband or wife. 2 mbass.	21. I CERTIFY that death occurred on the date above stated; that'l attended deceased from
	Dep m 9 5, 19 , 10
7. Birth date of	and that I last saw h
deceased (mo., day, yr.) 2m/cros	Immediate cause of death
8. AGE: Years Months Days If less than one day	
o. Add.	amfaran
new born fill mil	n.
A Blab-lane	Due to Due to
9. Birthplace(Town, county, and state)	Ker B.
48 Washington	302
1D. Usual occupation	Due to.
11. Industry or business	J. O.L.
K I Nama	Diher conditions.
12. Name	
13. Birthplace	(Include pregnancy within 3 months of death)
H 14. Maiden name	
14. Maiden name	Major findings of operations
El 15. Birthplace	Oate of op.
16. Informant	Autopsy results
(V. III VIII BILL	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address	7 22, VIOLENCE: If death was due to external causes, fill in the following:
17 Bround Date thereof DT (5 19:4)	
(Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide.
Cemetery or crematory paraty 140ml	Where did injury occur?
Location of withrible finally	Injured at home, farm, Industry, public place (where?)
777 1.11	Means of Injury tnjured at work?
18. Funeral director, 1. L.	Fan O. Browhart M. J.
Address Ruck will will	23. SIGNATURE M. D. or other
18/0-14 1847 Gertrude B Jan	Address Garage Company Date signed 10-11-4
(Date rec'd by fegistrar) Registrar	WARRIESS

NOV 12 1947 BUREAU VE 15-1947

CEPTIFICATE OF DEATH

Reg. Dist. No. 216

CERTIFICA	IE OF DEATH	Reg. Diat. No. 2/9
1. PLACE OF DEATH: County		ousty
3. (a) FULL NAME		3. (b) Social Security Number Unknown
4. Sex 5. Color or race 6.(a)Single, married, widowad, or divorced		ertification 45
8. (b) Name of husband or wife 7. Birth date of deceased (mo., day, yr.) YVAr. 3 1893 8. AGE: Years Months Days If less than one day 54 7 28 hrs. min. 9. Sirthplace	and that I last saw h	47 10 OCX. 29 1947
13. Birthplace Waryland 14. Maiden name Wartha Whalem 15. Birthplace Waryland 16. Informant Grace Moulden (Friend)	Major findings of operations	
Address 9908 Gyzyson Ale Silver Spring 17. Burial Date thereof (month) (day) (year) Cemetery or crematory Gaithersburg, Maryland 18. Funeral director Maryland Address Bethesda, Maryland	22. VIOLENCE: If death was due to external c Accident, sulcide, or homicide Where did injury occur?	Date of
19. 10/30 1847 7m & Julio Registrar)	23. SIGNATURE TANK Address Address Address	M. D. or other West of the State of the Stat

PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and MARGIN RESERVED FOR BINDING

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PLEASE WRITE

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH 2411 N. Charles St., Baltimore

(19261) Reg. Diat. No. 214

10.C.

1. PLACE OF DEATH: County Montgomery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)
County Silver Spring	State Maryland County Montgomery
(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death? Week	City or town. Chevy Chase (If outside city or town limits, write RURAL and give nearest town)
Nospital, institution, or street address where death occurred: 10000 Georgia Avenue	street No. 7117 Curtis Street
Week	(If rural, give LOCATION) 2 (a) If veleran name war None
How long in hospital or institution? Week	
3. (a) FULL NAME **************DEL.TA S. WELCH **********	3. (b) Social Security Number ※本本本本本本本本本本本本本本本本本本本本本本本本本本本本本本本本本本本本
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	
	MEDICAL CERTIFICATION
Female White Widowed	20. DATE OF DEATH OCOLEN 18 19 47, 21. 3:100
5.(b) Name of husband or wife James H. Welch	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
(deceased) 6.(c) 11 alive, give age yeare	May 15 1947 10 Oct 18 1947
7. Birth date of deceased (mo., day, yr.) October 14, 1862	and that I last haw h
8. AGE: Years Months Days If less than one day	Immediais cause of death DURATION
85 85 0 4hrsmin.	acute Myscardills
9. Birlhplace Rutland, Vermont (Town, county, and state)	Due 10.
10. Usual occupation Housewife	
11. Industry or business Home	Due to
質 12 Name Patrick Lynch	Officer conditions
13. Birthplace Ireland	and solutions
14. Maiden name Bridget O'Brien 15. Birthplace Ireland 16. Informant Mr. Harry Welch (son)	(Include pregnancy within 8 months of death)
E Is. Walter name	Major findings of operations 10 of paratiens
Mn Hanner Walch (can)	Date of op.
	Antopsy results
Address Cheyy Chase, Maryland	22. VIOLENCE: It death was due to external causes, till in the tollowing;
17. Burial - Transit (Burial, cremation, or removal. Which?) Date thereof Oct 19, 1947 (month) (day) (year)	Accident, eulcide, or homicide
Calvary Cemetery or crematory Calvary Cemetery	Where did injury occur? (City or town) (County) (State)
Dutland Vermont	
Location Rutland, Vermont	Injured at home, farm, Industry, public place (where?) Means of Injury Infored at work?
18. Funeral director. W.M. Kaubern Lumphonous	Means of Injury Influed at work?
Address Bethesda, Maryland	How In Howoken M.D.
1-1-	23. SIGNATURE M. D. or other
19. Oct 18 (Date red by registrar)	Address 603 19th WW Wandenstay Date signed 10-18-4)

OCT 22 1947

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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09258

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLACE OF DEATH: Montgomery				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
Dethecda (munal))	State County			
(If outside city or town limits, write RURAL and give nearest town)			RURAL and give nearest town)	City or town. Washington			
How long in above place of death? 3 days Hospital, institution, or street address where death occurred:			4.	(the decorder city of south times; write are still and give new	rest town)		
TIS Nava	T Hospital	l. Rethe	sda. Md.				
US Naval Hospital, Bethesda, Md. How long in hospital or institution? 3 days			3 darre	(If rural, give LOCATION)			
-		***************************************		2.(a) If veteran, nama war			
3. (a) FULL NA		(T)	71 1	3. (b) Social Security	Number		
		Thomas					
4. Sex	5. Color or race	6.(a)Sing	la, marriad, widowed, or divorcad	MEDICAL CERTIFICATION			
male	W-US		widowed	20. DATE OF DEATH 2 October 1947	1 1:40 A		
	ed or wide			21. I CERTIFY that death occurred on the date above stated; that I attended dace			
				29 Sept. 19 47 10 2 Oct.	19. 47.		
7. Birth date of		July 189	c) If aliva, give agayears	and that I last saw h im aliva on 2 Oct.	19 47		
dacaased (mo., da	y, yr.)	oury roy		Immediate cause of death	OURATION		
8. AGE: Ya	ars Months 52 2	26	If lass than one day				
	26 6	20	hrs min.	Orimany alyptical Oneumonia	4 days		
9. Birthplace	enn.		state)	Que to			
o. on the	Mozer Vo	wn, county, and	state)	massive cerebral hemorrhage	6 days		
10. Usual occupatio	Navy Ya	ra		Oue to			
11. Industry or busin							
12. Name	Thomas Wh	ite	DD	Other conditions			
13. Birthplace		Scotlar	nd				
Halden son	Margar	et Moran	DD	(Include pregnancy within 8 months of death)			
14. Maiden nam 15. Birthplace	Pa		***************************************	Major fiodings of operations.			
			2007 4 4	Actops resolts marries Premoving and are	la blamark		
			White	PHYSICIAN: Please underline the cause to which death should be charged	statistically		
Address 161	7 T St.,	S.E., Was	sh.,D.C.				
y bur	ial	Nate the	reof	22. VIOLENCE: tf death was due to axtarnal causes, fill in the following;			
(Burial, cremati	ion, or removal. Whi	ich?)	(month) (day) (year)	Accident, suicide, or homicide	00-00-00-00-00-00-00-00-00-00-00-00-00-		
Cemetery or crematory. Arlington National			TOTOMAL	Whera did Injury occur?	(State)		
				Injurad at home, farm, Industry, public place (where?)			
	_		PEG.	Maans of Injury A A Injured at work?			
			. —	AT KUCK			
Addrass 51	7 11th St.	, S.E.,	hash, D.C.	23. SIGNATURE R. L. FLECK Lieuta MC US			
19 10-2- 19 47 Mary Charlotte Smith			Charlotte Smith	M D.	10-2-47		
(Date rec'd by registrar) Registrar			Registrar	Addrass Oate signed 10-2-41			



WRITE

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

CERTIFICATE OF DEATH

09259 Reg. Dist. No. 213

CERTIFICA	Reg. Diat. No.
A. PLACE OF DEATH: County Montgomery City or town Rockville, Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? *Since Feb.15, 1931 Hospital, Institution, or street address where death occurred: Chestnut Lodge Sanitarium	2. USUAL RESIDENCE (HOME) OF DECEASED: X (For newborn infants give residence of mother) State Pa. Couchy Armstrong Co., City or town Apollo, Pa. (If outside city or town limits, write RURAL and give nearest town) Street No. 508 North Armstrong Ave. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war NO
3. (a) FULL NAME Mrs. Sarah E. Willard	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Female White Widowed	MEDICAL CERTIFICATION 3 Oct. 1947 at 2 A
6.(b) Name of husband or wife T. M. Willard, Dec.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of October 15, 1862	and that I last saw h & Y gilve pn 3 COCE 47 19
8. AGE: Years Months Days It less than one day (85) 86 0 16	Immediate cause of death Matricosclevetic DURATION Acomposite disease with
Birthplace Logansport, Pa. (Town, county, and state) Housewife Usual occupation.	Due to
1. Industry or business 1. Name William F. Logan 1. Name Logansport, Pa.	Dither conditions Sewility
14. Maiden name Elizabeth Jane Bonney 15. Birthplace Armstrong Co., Pa.	(Include pregnancy within 8 months of death) Major fiediogs of operations
Address Rockville, Maryland	Actopsy resolts
Burial Date thereof 10/31/47 (Burial, cremation, or removal, Which?) Cemetery Cemetery Cemetery	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location Ford City, Pa.	Injured al home, farm, industry, public place (where?)
18. Funeral director. W.M. Routen Pumphase. Address 7557 Wis. Ave. Bethesda Marylan	Means of lejury Injured at work? 1 23. SIGNATURE M. D. or other
19. 10 3 CDate ree'd by registrar) 1947 Whorupson Registrar	m. D. Johnson

NOV 5 1947

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Rog. Dist. No. 2/7

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	FIGURIALY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and let
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VS A15 9.45.	PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefull is especially important. Physicians: please write the causes of death clearly and
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A	PI

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Montgomery	(For newtorn infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State Alle Galler County Autrini
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Class No.
The Montgomery Lounty Geneval Hospita	/ Street No
How long in hospital or institution? 13 days	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Mrs. Mary Emma Wille	
4. Sax 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
Female White Widowed.	20. DATE DE DEATH GE tober 3 1947 at 7:05 A.
6.(6) Name of husband or wife Joseph Lane Williams	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	September 20 1947, 10 October 3 1947
7. Birth date of deceased (mo., day, yr.) October 6, 1857	and that t last saw her alive on October 3 18 42
deceased (mo., day, yr.) October 6 1857 8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
89 898 // 27hrsmin.	doute carries Villere 2x his
	The state of his 12 1
9. Birthplace Tutnam Co. Georgias (Town, county, and state)	Due to Descher 2 regt np 13 day
10. Usual occupation	Due to
11. Industry or business	
12. Name Frank Hearne Georgia	Other conditions
Z 13. Birthplace Georgia	(Include pregnancy within 3 months of death)
14. Maiden name Mary Jane Pennington	(Include pregnancy within 3 months of death) Majur findings of uperations.
15. Birthplace Pennington Georgia	Date of op.
16. Informant Hospital records	Autopsy results.
Address 7	PHYSICIAN: Please underline the cause tu which death should be charged statistically.
17. Kon ov el (Burial, cremation, or remoyal. Which?) Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cometery or crematory Extention .	Where dld Injury occur? I shortenelle ming mi
La Con Garana	(City or town) (County) (State)
Location Man De You wales	Means of Injury Fall Injured at work?
18. Funeral director.	
Address film young, me	23. SIGNATURE DEL
19 Och 3 1947 Settudelle Lawle	M. D. on other
(Date rec'd by registrar) Registrar	Address Sandy Spick 9 1 Md Date signed 10/3/47



WRITE PLAINLY, is especially

PLEASE 1

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09262 Reg. Diat. No. 276

County Montgomery			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother)			
City or town Chevy Chase (If outside city or town limits, write RURAL and give nearest town)			URAL and give nearest town)	State Mershington, D. Comunty IXXXXXX		
(If outside city or town timits, write RURAL and give nearest town) How long in above place of death? Sudden death—no stay			ath-no stay	City or town		
Hospital, Institution, or street address where death occurred: 6307 Hillcrest Street, How long in hospital or institution? None			i: †: _	Street No. 326 3rd Street	treat W.	
				YEgral, give LOCATION) 2.(a) If veleran, name war.		
3. (a) FULL NAM		1,77		2.(G) II Telefoli, Baine wal	3. (b) Social Securit	M1
1 '	JOHN	WILVE	R		266-22-25	•
4. Sex	5. Color or race	6.(a)Singt	e, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	, ,
Male	White	Ma	rried		th, 1947	19:00 A
6 (h) Name of huckant	d or wife Hele	en Mae	Wilver	21. I CERTIFY that death occurred on the date abo		
	u u. anc		c) If alive, give ageyears	19	, to	
7. Birth date of deceased (mo., day,	Decen		6, 1903	and that f last saw halive on	***************************************	19
8. AGE: Year	31.7	Days	If less than one day	Immediate cause of death	_	DURATION
44	9	18	hrsmin.	Dep. Med. Exam.	, vase	*****
9. BirthplacePo	enna.			Que to Fracture 1 C	erreal	died
J. Billingiace	(Town	eounty, and		Setution (suddenly
10. Usual occupation	Roofing	COULT	actor	Due to Jack from not		
11. Industry or busine		1		he was repairing		*****
물 12. Name	rank Wilv	er		Other conditions	***************************************	****
13. Birthplace	Penna.	0 1		(Include pregnancy within 3 n	nontha of death)	
## t4. Maiden name	Lottie	Snyde	r	Major findings of operations	***************************************	
2 15. Birthplace	Penna.				Date of op	······································
16. Informant Mr.	s. Helen	Mae W	ilver	Autopsy results No autopsy		
Address 520	6 3rd St.		. Washington, D.	PHYSICIAN: Please underline the cause to wh		ed statistically.
Buria	al	. Oate ther	eof 10/9/47 (month) (day) (year)	22. VIOLENCE: If death was due to external cause Accident, suicide, or homicide.		0-4-47
(Burial, crematio	n, or removal. Which	Oak C	(month) (day) (year)	Where did Injury occur?	have monty	me
				(City of town) Injured at home, farm, Industry, public place (wh	(County)	(State)
			yland			
18. Funeral director N m B. Pumph Rey			onkey			
Address 755	7 Wis. Av		thesda 14, Mary	1 and Jane Frank J. Browhard		
10 16/8	egistrar)	7	my & Julies	Den. Med. Ex	CILLIA), or other
(Date ree'd by r	egistrar)	****	Registrar	Address Gaithersburg, I	laryLande signer	0 10/4/4/



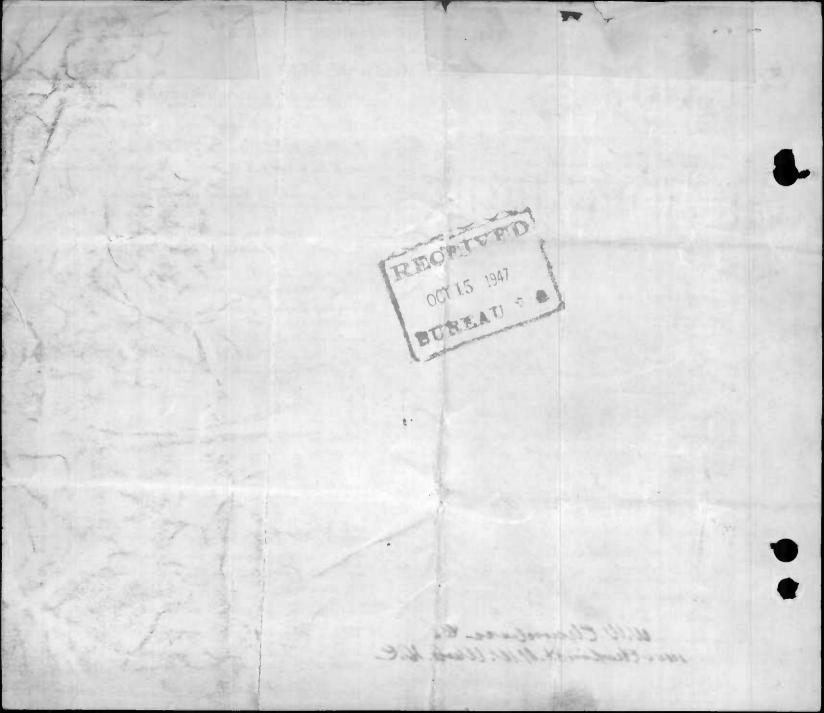
2411 N. Charles St., Baltimore

9400 CERTIFICATE OF DEATH

	CERTIFICA	IL OI DENTIN	Reg. Diat. No	
1. PLACE OF DEATH:	mery	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of the state of th	mother)	
109	limits, write RURAL and give nearest town)	06	aly Monty	
How long in above place of death?		City or town(If outside city or town limits	, write RURAL and give ne	arest town)
Hospital, institution, or street address when	e death occurred:	4 / 4	c Country (· .
Cherry Chas	Country Chief	(If rural, give	LOCATION)	
How long in hospital or Institution?		2.(a) If veteran, name war A. Starten	may Jew of	U-S. Q
3. (a) FULL NAME		3. (b) Social Security Nu		Number
Wed Gen. 1	Blanton Wins	Lik		
4. Sex 5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CH	ERTIFICATION	
male w	suger	20. DATE OF DEATH. Och 9		CHAP
6.(b) Name of husband or wife		21. I CEBTIFY that death occurred on the date abo		
	6.(c) If alive, give ageyears	Lif per Som 19.	to	t9
T. Birth date of	22 1016	and that last saw halive on	,	t9
deceased (mo., day, yr.) 8 A.G.F. Years Months	Days I tiless than one day	Immediate cause of death	***************************************	. DURATION
8. AGE: Years Months			······································	de
1/19	/ 6 hrsmin.	Cornary oxela	sun	
9. Birthplace Macon	e)-U, n, county, and state)	Due to.	••••••	
1D. Usual occupation. Lelines.	W. S. army	Due to	***************************************	
tt. Industry or business			***************************************	***
# 12. Name Ermany La	Local Late b	Dther conditions		
t2. Name Example 14. 13. Birthplace				
	Bla. To	(Include pregnancy within 3 r	nontha of death)	
t4. Maiden name		Major findings of operations		
E 15. Birthplace	g _a		Date of op	
16. Informant 12 B. Jas	action	Autopsy results		
		PHYSICIAN: Please underline the cause to wi	hich death should be charged	statistically.
Address Cherry Cherry	0/4 11 10115	22. VIOLENCE: If death was due to external cau	ises, fill in the following:	
(Burial, cremation, or removal, Whice	Date thereof (month) (day) (year)	Accident, suicide, or homicide	Date of	
Cemetery or crematory. Rose	Will Pemeter.	Where did injury occur?(City or town)		
Cemetery or crematory	Com a second			(State)
Location Macon	worgen.	Injured at home, tarm, Industry, public place (w		
t8. Funeral director W.W. Co	econberr 60	Means of Injury	injured at work?	1
Address 1400 Chefin	8 MIN 11/2 100	Jan & V. /	Sronkack M	1.d.
Address / 400 Colonia	O TO THE CONTRACTOR OF THE CON	23. SIGNATURE	5-2- M. D.	or other
19 Oct 11 19 4	mediener about	ej -0 10		
(Dute rec'd by registrar)	// Kegutrai	Address of authority	Date signed	10-927

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The corrected is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15



RESERVED FOR BINDING

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH 133a 09264

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Montgomery Bethesda (rural) City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 11 days Hospital, institution, or street address where death occurred: US Naval Hospital, Bethesda, Md. How long in hospital or institution? 11 days				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) D.C. State		
3. (a) FULL NAI		NGER, W	illie Henry		3. (b) Social Securit	y Number
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL (CERTIFICATION	
male		ma		20. DATE OF DEATH	ctober 19 4	7 5:30A
6.(6) Name of husbar	nd or wifeDo]	lie You	nger c) tt alive, give ageyea	21. I CERTIFY that death occurred on the date: 16. October	1947 to 27 Oc	tober 19 47
7. Birth date of deceased (mo., day	v. yr.) Nov	ember 2	2, 1912			
8. AGE: Yes	ars Months	Days 5	If less than one day	Immediate cause of death	eliology	вагр
11. Industry or busin	unk:	iewn .	dec.	Due to		
-	, WINDBUSI	l, Va	•	(Include pregnancy within Major findings of operations		
16. Informant. Wi			ounger , N.E.,Wash.,D.C	Antopsy results	which death should be charge	
17bur (Burial, cremati	ial on, or removal. Whi atory Tri	Date then	eet 11-2-17 (month) (day) (year)	22. VtOLENCE: If death was due to external Accident, suicide, or homicide	Date of	
Location	Chatham	, virgin	ia	injured at home, farm, industry, public place		*************************
18. Funeral director	CAREY & L	ATNEY, F	uneral Home 37.4	Means of injury	Injured at work?	
	K St., N 0-28 4		C. Patterson	The state of the s	DPFA, Lt. MC US	
19. (Date rec'd by	registrar)		Registra	Address USNH Bethesda, M	dDate signe	ed 10-28-1.7

OCT 30 1947